



East, Central and Southern Africa Health Community

ANNUAL REPORT 2017

Fostering Regional Cooperation for Better Health





Annual Report 2017

Fostering Regional Cooperation for Better Health

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Vision

To be the leader in East, Central and Southern Africa, contributing towards the attainment of the highest standard of physical, mental and social wellbeing of the people in the region.



Mission

ECSCA promotes the highest standards of health for the individuals, families and communities through advocacy, capacity building, brokerage, coordination, inter-sectoral collaboration and harmonization of health policies and programmes

Mandate

To promote and encourage efficiency and relevance in the provision of health services in the region.

ECSCA-HC's work expands beyond member states support.

In 2017, the organization supported a total of 21 countries in sub-Saharan Africa to address common health challenges facing the region.



Member states

- Lesotho
- Kenya
- Malawi
- Mauritius
- Swaziland
- Tanzania
- Uganda
- Zambia
- Zimbabwe

Non-Member states

- Botswana
- Burundi
- Eritrea
- Ethiopia
- Madagascar
- Mozambique
- Namibia
- Rwanda
- Seychelles
- Somalia
- South Africa
- South Sudan

Our Reach and Impact

1. Human Capacity Development



Long-term Training Programmes

147 Trainees

147 Trainees enrolled for COSECSA programme in 2017

261 Surgeons

261 Surgeons graduated from COSECSA cumulatively

91 Benefit

91 Benefit from our projects for long-term study programmes (Bachelor and Master)



Short-term Training Courses

109 Lab Personnel Benefit

109 Lab personnel benefit from our short courses

13 Clinical Staff

13 Clinical staff received training on TB management

40 Surgical Specialists

40 Surgical specialists received training on supportive supervision and mentorship in preparation to mentor rural district hospitals

- The Launch of the ECSA College of Obstetricians and Gynecologists (ECSACOG)
- Development of a Model Curricula for Pre-service training and a Harmonized training packages on Nutrition for front line workers
- Introduction of the certificate course in Laboratory Management in collaboration with Muhimbili University of Health and Allied Sciences, by end of 2017, 2 cohorts had enrolled

2. Strengthening Health Systems



Strengthening Lab Capacity for Diagnosis

- Improved Capacity for TB diagnostics. In 2016, only 1 National TB lab was accredited, by 2017, 3 had been accredited
- 96% of labs receiving 3 or more stars on SLIPTA assessment compared to 23% in 2011
- Access to External Quality Assurance panels for smear microscopy, Culture and Drug sensitivity testing available for all supported labs through Uganda SRL



Strengthening Capacity for Disease Surveillance

- Strengthened capacity for cross-border disease surveillance where 100% outbreaks in supported East African countries confirmed within the region compared to 10-20% in 2011.

Achievement attributed to Capacity building through our table-top simulation, establishment of cross-border technical working groups, management of the EAIDSNet and development of a regional Mobile Phone web-based system for surveillance and rapid response.

- Strengthened capacity for antimicrobial drug resistance surveillance

Achievements include development of regional standardized reporting tools, and setting up AMR surveillance systems that are linked to the WHO Global Antimicrobial Surveillance System (GLASS).

02

Message from the Director General



It is my honour to present to you, the 2017 Annual Report of the East Central and Southern Africa Health Community (ECSA-HC). The report gives a highlight of activities carried out by the Secretariat throughout the year.

I must say, 2017 was another eventful year. We finalized the development of the ECSA-HC five-year strategic plan: 2017 to 2022. The Strategic Plan provides an opportunity for the organization to reposition itself to support all member states to attain the Sustainable Development Goals.

The implementation of the Southern Africa Tuberculosis and Health Systems Support project commenced during the year. This project, jointly coordinated with the NEPAD Agency, contributes to the strengthening of the region's capacity to manage tuberculosis and other communicable diseases of public health concern. The ECSA-HC Secretariat continued with coordination of two other similar projects: The East Africa Public Health Laboratory Networking Project and the Global Fund project for strengthening the capacity of National TB reference laboratories. Through these projects and other initiatives, the ECSA-HC Secretariat supports health systems development in the region and contributes to the global health security agenda.

The ECSA-HC continued to contribute to addressing the region's human resources for health gaps. This has been mainly through training programmes of the ECSA College of Health Sciences (ECSA CHS). The ECSA CHS is steadily growing, two new colleges have been formed; the ECSA College

of Physicians (ECSACOP) and the ECSA College of Obstetricians and Gynecologists (ECSACOG). Other professional colleges such as that of the Public Health Physicians, is still incubating. Other short-term trainings to enhance the skills and competencies in specific technical areas such as in quality management systems, and leadership and management for health professional, were also conducted in 2017.

In 2017, we supported capacity enhancement in the region for monitoring fortified and Nutritious Foods. This is done as part of our contribution towards combating child and maternal malnutrition; a leading cause of child and maternal morbidity and mortality in the region.

We will continue with these efforts, and position ECSA-HC as the region's knowledge hub that contributes to evidence-informed decision making in public health. We look forward to working with our member states and partners towards the attainment of the highest standards of health in the ECSA region as we remain true to our mandate.

Yours Faithfully,

Prof Yoswa Dambisya
Director General

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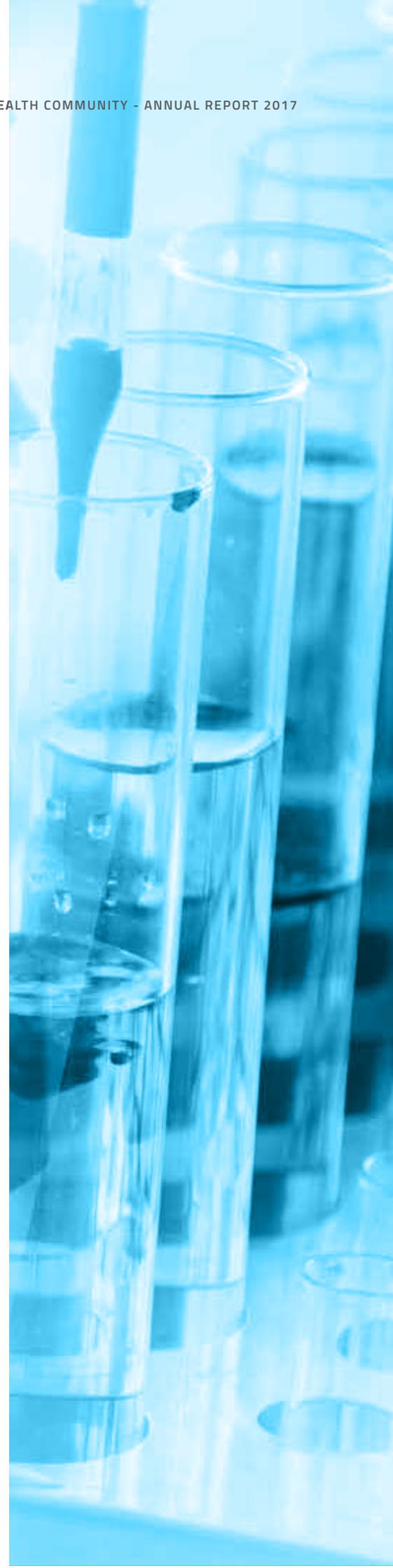
01

Welcome

Formerly Known as Commonwealth Regional Health Community Secretariat for East Central and Southern Africa, ECSA-Health Community was established in 1974 and is currently owned by its member states: Lesotho, Kenya, Malawi, Mauritius, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The ECSA Health Community is a legitimate inter-governmental organization that functions as a permanent mechanism for promoting cooperation in health in the region. It enjoys political, administrative and professional support of member states that guide and monitor its activities through regular ministerial conferences.

ECSA-HC enjoys direct access to Ministers of Health and Permanent Secretaries through the Health Ministers' Conference and Advisory Committee. Technically, the organization taps into the highest levels of expertise through the Directors' Joint Consultative Committee (DJCC), which is composed of Directors of Health Services, Research Institutions and Deans of Health Training Institutions. ECSA programs are supported by the Program Expert Committees comprising experts and programs managers from member states. ECSA-HC also has a College of Health Sciences which primarily focuses on imparting knowledge and skills to health professionals. These organs deliberate on matters of collaboration in health service delivery, policy, research and training on a regular basis.



02 Strategic Priority Areas 2017-2022

The work of ECSA-HC in the region is guided by the Strategic Plan 2017-2022 which also defines priority areas for the next 5 years. There are seven priority areas addressed in the strategic plan and these are: Human Capacity Development | Reproductive, Maternal and Newborn Child health | Health Systems Support | NCD, Chronic conditions, injuries and all forms of malnutrition | Knowledge generation, management and utilization | Health policy agenda, strategic partnerships and collaboration | Financial sustainability at the ECSA secretariat.

The strategic plan is operationalized through annual work plans prepared by the Secretariat, reviewed by the AC and endorsed by the HMC.

Despite hurdles here and there, hindering contribution to some of our planned strategies, especially around Reproductive and Child Health, we are happy to say that most of the activities planned for 2017 were accomplished through our Member states contribution and funding from external partners. Primarily our partners for 2017 were:

The World Bank:

- **The East Africa Public Health Laboratory Networks (EAPHLN) project** to enhance access to quality and efficient laboratory services by addressing infrastructure, equipment, staffing gaps.
- **The Southern Africa TB and Health Systems Support (SATBHSS) project:** To improve coverage and quality of key TB control and occupational lung disease services in targeted geographic areas of the participating countries (Lesotho, Malawi, Mozambique and Zambia)
- **The Population Based Cancer Registry:** To strengthen capacity for collecting, analyzing and sharing data on cancers in five countries in East Africa (Burundi, Kenya, Rwanda, Tanzania and Uganda).
- **Enhancing Capacity for Nutrition project:** support to Tanzania, Kenya and Uganda to enhance capacity of front-line workers in Nutrition

The Global Fund:

supporting **The Global Fund TB Laboratory strengthening project:** Support for 18 countries

in eastern and southern Africa to improve the quality and diagnostic capacity of the National TB Reference Laboratories (NRLs).

The USAID

- **The USAID support in collaboration with GAIN:** Support for 13 countries (Burundi, Éthiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) in eastern and southern Africa to build capacity on monitoring of fortified and nutritious foods.
- **The Fixed Amount Award Project:** Support to strengthen institutional capacities at the secretariat and the ECSA college of health Sciences

The European Union:

Supporting the Scaling up Safe Surgery for District and Rural Populations in Africa (SURG-Africa) project: Support to scale up safe surgery in Malawi, Zambia and Tanzania.

During the year, ECSA-HC also worked in collaboration with other implementing partners:

- University Research Council: **HEARD project**
- African Population and Health Research Centre: **IMCHA project**
- Norwegian Institute of Public Health: **Access to medicines study project.**

We are pleased to share with you our key achievements and impact in the region as we continue supporting countries attain regional and global commitments in health.



Contribution to Regional and Global Health Agenda

03

Contribution to Regional and Global Health Agenda

Rapid urbanization, changing lifestyles and sub-optimally controlled communicable diseases has resulted in the region experiencing a double disease burden: Communicable and Non-communicable diseases.

Frequent disease outbreaks have been a constant feature for the region, and these outbreaks require effective inter-country mechanisms for effective response as well as strong country systems.

Therefore, as a commitment to the people of the region, ECSA-HC continues to support initiatives that address regional health challenges and contribute to the Global Health Agenda. As highlighted in the following section, in 2017 ECSA-HC's support was directed at improving public health systems and strengthening global health

security through capacity development for disease detection, response, prevention and management, in line with the strategic priority areas for 2017-2022.

Our support in this area extends beyond the ECSA-HC member states, among member countries, benefitting were Botswana, Burundi, Eritrea, Mozambique, Namibia, Rwanda, Seychelles, Somalia and South Sudan.

04

Improving Capacity for Communicable Disease Control

“Diseases respect no border”.

With rapid increase in cross-broader movements, the speed and scale of disease outbreaks from diseases such as cholera, Ebola and Marburg among others can be catastrophic. Therefore, countries need to have effective collaborative mechanisms for surveillance and control of epidemic-prone diseases. In addition, each country needs to have strong systems for rapid and effective diagnosis and management of

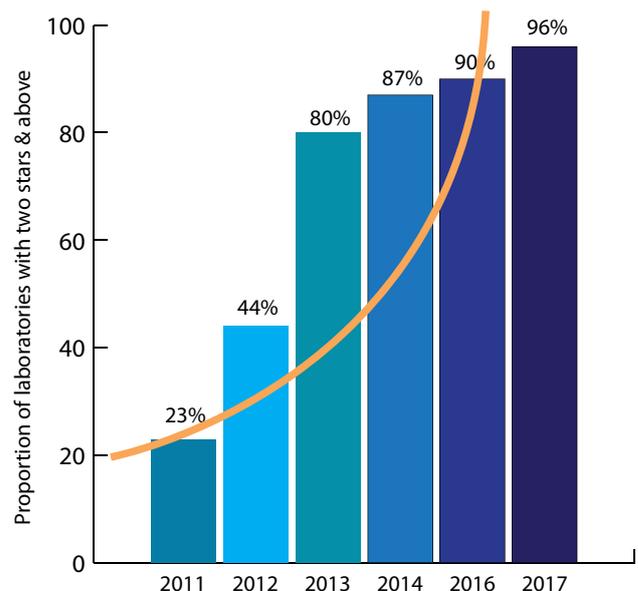
diseases. ECSA-HC continues to support capacity development initiatives for its member states and neighboring countries to fight disease outbreaks and more broadly, contribute to the global health security agenda. In 2017, ECSA-HC focused on supporting countries in disease outbreak management, antimicrobial resistance response, cross-border disease surveillance, and improved diagnostic capacity.

Laboratory Capacity for Effective Diagnosis



The ECSA-HC continues to support the strengthening of diagnostic capacities of public health laboratories in the region. By the end of 2017, all National TB laboratories supported had made significant strides towards accreditation. Through support for infrastructural development, a “State-of-the-Art” Uganda SRL was completed. Uganda SRL is now a regional Centre of Excellence for learning and, currently supports other National TB Reference Laboratories (NRLs) in the region towards accreditation.

The EAPHLN project impact in East African countries has seen other laboratories within the network moving from 0 stars to 5 stars through peer- peer SLIPTA assessments, with some laboratories further receiving accreditation. In 2017, 96% of the laboratories had 2 and above stars, compared to only 23% at baseline (2011). The figure below is a demonstration of how laboratories within the EAPHLN have progressed since 2011.



Performance of the Network Laboratories in the Regional Peer SLIPTA Audits 2011-2017

2016 saw the birth of the Global Fund project, with ECSA-HC and the Uganda SRL receiving a regional grant to support 18 National TB reference laboratories. ECSA-HC working with the Uganda SRL to provide Technical Assistance to project countries focusing on strengthening capacity on new TB diagnostics, culture and DST including Gene-Xpert, Liquid culture and Line Probe Assay.

This support is in line with the Global End TB strategy that places emphasis on early TB diagnosis including DST, development and rapid uptake of new tools, interventions and strategies.

Through the Global Fund regional project, ECSA-HC also set a target to increase the number of Supranational Reference Laboratories (SRL) in the ECSA region. So far, the NICD-South Africa and the Uganda NTRL are the only SRLs in the region. With onsite mentorship, Human resource capacity building and technical support, Mozambique and Namibia have received accreditation.

In 2017, through Global Fund project, ECSA-HC provided External Quality Assurance (EQA) proficiency test panels for microscopy, culture and DST to project countries: Zimbabwe, Mauritius, Burundi, Rwanda, South Sudan, Seychelles, Botswana, Eritrea, Somalia, Malawi, Kenya, Zambia and Swaziland. In addition, South Sudan, Somalia Seychelles, Mauritius and Kenya also received GenExpert panels.

ECSA-HC and the Uganda SRL also offer technical support to countries conducting TB Drug resistance surveys, prevalence surveys and routine surveillance. In 2017, Swaziland and Tanzania were supported to conduct the Drug Resistance Surveys.

Furthermore, ECSA-HC through the World Bank supports Lesotho, Malawi, Mozambique and Zambia to strengthen capacity for diagnosis and management of TB and other occupational lung diseases.



Capacity Development of NTRL staff through the GF project in Burundi

Disease Outbreak, Management and Cross-border surveillance



Outbreaks of emerging and re-emerging infectious diseases such as Rift Valley Fever, Cholera, and Pandemic Influenza A (H1N1), Malaria among others have caused high levels of suffering, death and economic loss to the region. In collaboration with the East Africa Integrated Disease Surveillance and Response Network (EAIDSNet), ECSA-HC, through the EAPHLN Project, has supported a number of interventions to strengthen cross-border disease surveillance, preparedness and response. This has contributed to the reduced disease burden in the region. Key highlights for 2017 include:-

- Development of the Regional Mobile phone web-based system for surveillance and laboratory data.
- Supporting VHF field simulation exercise in preparedness for outbreaks. These included simulation exercise for:- Ebola

Virus Disease outbreak at Namanga (Kenya/ Tanzania) border post, Cholera in Bujumbura (Burundi) and , Marburg virus disease in Kitale (Uganda/Kenya). These activities have contributed to the ability of countries to confirm and respond swiftly (within 7 days) to outbreaks such Ebola and Marburg outbreaks, thus containing epidemics, and minimizing the diseases transmission.

- Supporting the operationalization of the East African Treaty on joint management of cross-border disease outbreaks through development of the Framework for Cross-Border Disease Surveillance, establishment of a regional Technical Working Group and revision of the structure of surveillance zones to smaller and easy to convene clusters.

GLOBAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE



Antimicrobial resistance (AMR) is a global concern. It is estimated that 10 million deaths per year will be attributed to AMR by 2050 and cause a reduction in GDP of up to 3%, costing the world a staggering \$100 trillion. The World Bank report, "Drug Resistance Infections – Threat to our Economic future" demonstrated a need to have laboratory surveillance on Antimicrobial Resistance advanced.

In 2017, ECSA-HC stepped up efforts to tackle AMR in the region. This included mapping out sites involved in AMR surveillance; developing reporting tools to standardize the mode of communication and sensitization of hospital management on the sustainability of the AMR program. Through the

EAPHLN project, ECSA-HC enhanced the capacity of project sites and Non-EAPHLNP laboratories for carrying out AMR surveillance. In Tanzania, Morogoro Regional Hospital, Dodoma Regional Hospital, Bombo (Tanga) Regional Hospital and Amana in Dar es Salaam participated in capacity enhancement activities. In Kenya, this was conducted in Machakos, Kitale and Malindi. These facilities are now conducting microbiology more systematically and generating data that will contribute to the AMR surveillance in the region. Kenya has already set up an AMR surveillance system and enrolled into the WHO Global Antimicrobial Surveillance System (GLASS).

07

Improving Nutrition and Capacity for Non-Communicable Disease Control

With the population now living longer, the region faces increasing cases of Non-Communicable diseases. Hunger and Malnutrition continue to be a threat in eastern and southern Africa. Both the 2030 Agenda for Sustainable Development Goals (SDGs) and the UN Decade of action on Nutrition 2016-2025 call on all countries and stakeholders to act together to end hunger and prevent all forms of malnutrition. Therefore, supporting countries to attain this goal formed one of ECSA-HC's strategic focus areas for the period 2017-2022.

Enhancing Capacity for Monitoring of Fortified and Nutritious Foods

Through USAID and in collaboration with GAIN, ECSA-HC supported capacity building on monitoring of fortified and nutritious foods in 13 countries. The focus of the project was on capacity for monitoring quality, safety and impact of manufactured fortified and nutritious foods and sharing of good and promising practices. Four technical working groups namely; Production, QA/QC,

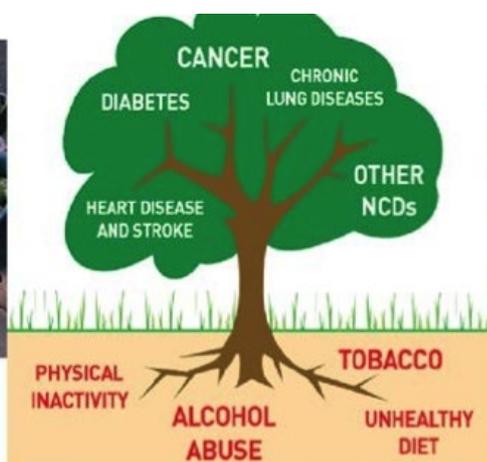
Inspection and Enforcement, Laboratory networking and strengthening and Consumption Monitoring and Program Impact were established. ECSA-HC continues to coordinate the TWGs through sharing updates and identifying knowledge gaps across the region and common solutions to address these gaps. In addition, ECSA-HC revised the regional Laboratory manuals in order to harmonize

and standardize lab methods for monitoring fortification of foods in the ECSA region.

Therefore, through this initiative, ECSA-HC and partners have strengthened the capacity of countries on data collection, interpretation, and use of data for decision-making and program improvement.



PROMOTE FOOD AND NUTRITION SECURITY



PROMOTE FORTIFICATION OF MAJOR STAPLES IN THE ECSA REGION

Informing Policies, Programming and Decision Making through Knowledge Management

One of the ECSA-HC mandates is knowledge brokerage. ECSA-HC Secretariat supports the strengthening of capacity for research and use of research evidence in decision making and advocacy. This has been achieved through Knowledge exchange forums, Research and Capacity Development, Support in Health Information Systems Development.

For the past 10 years, ECSA-HC coordinates a regional forum: the ECSA Best Practices Forum (BPF), where member states government officials, researchers, civil society and development partners convene to share best practices and learn from each other. In 2017, the BPF was held in Arusha, Tanzania under the Theme: "Promoting Multisectoral Collaboration for Health Through Sustainable Development". During the BPF, recommendations emerged and were forwarded to the Health Ministers Conference. The HMC used the recommendations emerging from the BPF to pass key regional resolutions requiring countries to undertake initiatives. The Secretariat was also called out to support the respective member countries, in order to tackle the patent health challenges affecting the region. The Resolutions were on:

- i. Governance and Leadership in the Health Sector;
- ii. Mitigating the impact of emerging and reemerging diseases;
- iii. Multisectoral response to Noncommunicable diseases;
- iv. Accountability for Women, Children and Adolescent health post 2015;
- v. Recommitment of the ECSA HMC to the ECSA College of Health Sciences.

In addition, the Secretariat through specific programs and projects maintains, coordinates and/or convenes other knowledge exchange forums. These include among others:-

Regional Project Advisory Committees: Members of these committees comprise partners, national program leads, and subject experts. Such committees have been established for the EAPHLN, SATBHSS and Global Fund Lab projects. In addition to knowledge sharing and respective committee reviews, their mandate also includes approval of annual project work plans, budgets and project reprogramming. Recommendations from these meetings then inform future project plans.

Communities of Practice (CoP): These are usually established to encourage knowledge exchange in specific subject areas. For example through the SATBHSS project, CoP have been established to achieve TB Research and Monitoring and Evaluation; Laboratory and Surveillance including Continuum of Care. The COP usually comprises technical experts drawn from different countries, and other recognized regional organizations.

ECSA-HC website: This is constantly updated with relevant information and project documents for ease of access by various stakeholders. For example, useful resources related to nutrition can be found at <http://ecsahc.org/programme/ncdsfood-security-and-nutrition-programme/>.

Human Resources for Health Capacity Development



The shortage of a health work force, especially specialists, is a major impediment to our health systems. The ECSA Health Ministers in recognition of the challenge of inadequate number of specialists passed a resolution for the establishment of ECSA accredited professional colleges. To date, there are seven professional colleges under the umbrella ECSA College of Health Sciences including for nursing, surgeons, physicians, obstetricians and gynecologists, pathologists, anesthesiologists, and ophthalmologists. The colleges offer specialized training through the fellowship approach in accredited hospitals in the region and beyond.

In addition to the colleges, ECSA-HC Secretariat through its programs and projects organizes and conducts short trainings to enhance the skills of health workers in specific areas. The ECSA-HC Secretariat also coordinates the development of regional prototype curriculum and training materials for adoption/adaptation by the countries.

Capacity Enhancement through ECSA Professional Colleges

COSECSA

The more advanced, in terms of training is the College of Surgeons of East Central and Southern Africa (COSECSA). In 2017, COSECSA started operating in Namibia and South Sudan. This brings the total number of countries where COSECSA operates in, to 14. The others are Burundi, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe.

In 2017, COECSA enrolled 147 trainees from 10 countries; produced 2 editions of its peer-reviewed journal-East and Central Africa journal surgery, recorded a retention rate for the COSECSA trainees of 93%, graduated 55 specialist Surgeons (cumulatively 261 specialists have been trained over the years), and scholarships were awarded to 9 women surgeon trainees through the American College of surgeons.

ECSACOG

2017 saw the launch of the new baby on board, College of Obstetricians and Gynecologists (ECSACOG). The college was launched in September, 2017 in Rwanda. The college will contribute enormously to the overall improvement in maternal and child health through promotion of excellence in care, training, and research in reproductive health. The college is in an advanced stage of starting its fellowship training program.



ECSACON

Seventeen (17) countries (Botswana, Ethiopia, Kenya, Lesotho,

Mozambique, Malawi, Mauritius, Namibia, Rwanda, South Africa, South Sudan, Swaziland, Seychelles, Tanzania, Uganda, Zambia and Zimbabwe) were capacitated through Africa Health Professions Regional Collaborative (ARC) to improve regulations for service delivery in HIV and AIDS programmes. The East Central and Southern Africa College of Nursing (ECSACON) in collaboration with Emory University supported various operations research in the region. Through this collaboration, nurses improved their competencies and skills in leadership, management and research for prevention, treatment and care of HIV/AIDS.

Other ECSA-HC initiatives on Capacity Development are through projects including;

SURG - Africa

Scaling up Safe Surgery for District and Rural Populations in Africa (SURG-Africa) is a European Union funded project. Through this project, the ECSA-HC delivers services through the College of Surgeons (COSECSA) to rural populations in three member states, namely Malawi, Tanzania and Zambia. The aim of the initiative is to make quality-assured, safe emergency and elective surgery available to rural populations, by supporting and strengthening the capacity of district hospitals to deliver quality-assured surgery.



SURG Africa routine supervision and mentorship visits

10

Human Resource Capacity Development for Improved Diagnosis of TB and other Infectious Diseases

Tuberculosis ranks the second highest killer in the East, Central and Southern Africa region. With support from partners, funds were pooled together through ECSA-HC to support countries in the fight against TB and other infectious diseases. Through these projects ECSA-HC is contributing to improved HR capacity for TB and other infectious diseases diagnostics in the region.

The East Africa Public Health Laboratory Networking project, is implemented in 5 countries (Burundi, Kenya, Tanzania, Rwanda and Uganda) supporting 41 laboratories in cross-border areas and capital cities. In terms of HR, the project support is for increasing the number of highly qualified and trained laboratory workforce. By end of 2017, over 13,000 laboratory personnel had benefited from the project through support for short- and long-term training programs.

Through the Global Fund project, ECSA-HC supports 18 countries to improve the quality and diagnostic capacity of their National TB Reference Laboratories (NRLs). The countries include: Botswana, Burundi, Eritrea, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe in the countries.

In 2017 the project partnered with the African Society for Laboratory Medicine and trained 22 Laboratory staff in Laboratory QMS.

Through the Southern Africa TB and Health Systems Support project, ECSA-HC support four countries (Lesotho, Malawi, Mozambique and Zambia) in improving coverage and quality of key TB control and occupational lung disease services



QMS training of laboratory staff from project countries

in targeted geographic areas. The regional capacity is also being strengthened to manage the burden of TB and occupational diseases. In 2017, clinical staff from the four project countries trained on MDR-TB management in collaboration with the WHO collaborating centre in MDR-TB in Latvia and Rwanda. Laboratory professionals were also trained in Laboratory Auditing using the WHO/AFRO SLIPTA Process.

Harmonization of Training Packages for the Region

ECSCA certificate course in Laboratory Management

ECSCA-HC through the EAPHLN project developed a prototype curriculum to facilitate and harmonize training of laboratory personnel in the region. The implementation of the curriculum was piloted in collaboration with Muhimbili University of Health and Allied Sciences (MUHAS). Based on the success from the pilot, MUHAS is already conducting training in Laboratory Management based on this upgraded certificate course curriculum. Two (2) cohorts of students undertook the course in 2017. The next step is rolling out the training package, based on the curriculum to the other EAPHLN project countries, starting with Kenya and Uganda in the coming period.

Pre-service and In-service Training Curricula for Frontline Workers in Nutrition

Capacity strengthening for nutrition has been identified as a key factor to accelerate delivery of services by front-line service providers.

ECSCA-HC, with support from the World Bank, worked with the Governments of Kenya, Uganda and Tanzania to build technical capacity of their front-line workers for the delivery of essential nutrition interventions at health facilities and community level.

The project focused on development of comprehensive nutrition training packages targeting in-service and pre-service frontline workers. The packages incorporated specific best practices and innovations into pre-service and in-service front-line workers training. This included the contextualized job aids, and advocacy for curricular development and adoption.

A total of 37 frontline workers with varied roles, experience and education level participated in the initial training conducted at the regional level in 2017.

The materials have been adopted and disseminated through ministries of health in 2017. These products will enable the front-line workers to receive harmonized nutritional training and enhance their overall knowledge, skills and performance. ECSCA-HC envisages the expansion in the use of the pre-service curriculum and in-service training manuals to other countries in the region and beyond.



Dissemination of the Model Curricula in for Nutrition, Dare salaam, Tanzania

12

Research and Health Information Management



Key informant interviews with the frontline workers at Mulago Hospital, Uganda during the SROI study

RESEARCH

ECSA-HC Secretariat staff works with member state officials to commission and/or conduct implementation research to support improvement in service delivery. In 2017, ECSA-HC, through the SATBHSS project, conducted a TB response capacity needs assessment to inform support for TB programming in the project countries.

Through the EAPHLN project, three multi-country studies on TB, Enterics and Malaria were conducted and published in Clinical Lab Medical Journal. The study explored the experiences of building cross-country laboratory networks. Another publication in 2017 was a chapter on laboratory-based AMR surveillance in the World Bank's

In 2017, ECSA-HC Secretariat commissioned a study on Social Return on Investment (SROI) in capacity development for nutrition initiatives. This study that involved three countries (Uganda, Kenya and Tanzania) indicated that for every dollar of investment on scaling up nutrition competency for frontline workers, accrues a benefit of USD 13. This has stimulated discussion on the need to undertake similar kind of studies to advocate for investment in capacity development for nutrition and other health strengthening initiatives.

Publications of "Drug resistant infections – A threat to our economic future" <http://www.worldbank.org/en/topic/health/publication/drug-resistant-infections-a-threat-to-our-economic-future>

13

Electronic Health Information Management and Knowledge Exchange

Population Based Cancer registry Project

ECSA-HC through funding of the World Bank is supporting the establishment or strengthening of population based Cancer Registries in Burundi, Kenya, Rwanda, Tanzania and Uganda. Through the project, ECSA-HC aim to strengthen the capacity for collecting, analyzing and sharing data on cancers in the region.



Electronic Disease Surveillance

ECSA-HC through the EAPHLN project has supported development of an e-surveillance system. This system collects data of six priority diseases, namely: Measles, Malaria, Bloody diarrhea, Cryptococcal meningitis, Cholera, and MDR TB to inform response programming in the region.

Electronic Learning platform

The EAPHLN project developed e-learning platform with five training modules including Laboratory Management, Bio-risk management, Laboratory Based Disease Surveillance, Basic ICT and, Operational Research. By the end of 2017, the platform was fully functional and participants can now enroll and take the available online courses. Thankfully, this has increased access to training courses to various staff, even in remote areas as long as they have access to internet.

Regional Information and Communication Technology

Various ICT innovations and knowledge exchange platforms have been developed through the leadership of the Republic of Rwanda and Uganda in collaboration with ECSA-HC, EAC and the EAC partner states. These are:- project web portal www.eaphln.ecsahc.org, video conferencing capacities (at national/central and satellite sites), electronic system for disease surveillance (eEIDNet), electronic reporting framework (e-RF Portal is accessible and registered users can log in and access the online web based database through: <http://eaphlnmne.ecsahc.org/>) and e-learning platform five module courses for lab staff currently available at <http://www.eaphln-ecsahc.org/elearning-eaphln/>.

Statement of Financial Performance

For the year ended 30 June 2017

	Notes	2017 USD	2016 USD
Revenue			
Contributions from member states	5	929,889	1,354,590
Revenue grants	7	3,285,244	1,576,432
Capital grant released	16	44,155	36,981
		4,259,288	2,968,003
Other income	8	341,052	157,687
Total revenue		4,600,340	3,125,690
Expenses			
Programme expenses	9	3,777,520	2,235,804
Administrative expenses	10	549,969	502,079
Depreciation	11	83,047	76,467
(Release)/ provision for bad and doubtful debts		26,412	-
Total expenses		4,436,948	2,814,350
Net surplus/(deficit) for the year		163,392	311,340

Statement of Financial Position

For the year ended 30 June 2017

	Notes	2017 USD	2016 USD
ASSETS			
Non-current assets			
Property and equipment	11	677,446	631,485
Current assets			
Inventories	12	694	1,432
Prepayments	13	1,745	907
Receivables	14	150,561	108,565
Members' contributions receivable	5	1,237,712	1,112,415
Cash and bank balances	15	1,019,794	1,253,688
		2,410,506	2,477,007
TOTAL ASSETS		3,087,952	3,108,492
NET ASSETS			
Accumulated Surplus/(deficit)		361,980	198,588
Non-current liabilities			
Capital grants	16	155,992	74,088
Current liabilities			
Members' contribution	5	86,771	13,500
Payables	17	1,620,393	1,642,608
Deferred revenue	6	862,815	1,179,708
		2,569,980	2,835,816
TOTAL LIABILITIES		2,725,972	2,909,904
TOTAL NET ASSETS AND LIABILITIES		3,087,952	3,108,492









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Acknowledgements

