



**EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY**

**Resolutions of The  
Health Ministers' Conferences**

**1974 - 2024**

**Fostering Regional cooperation for better health**



© East, Central and Southern Africa Health Community,  
Updated: March 2020

## List of Abbreviations and Acronyms

ACP	AIDS Control Programmes
ACT	Artemisinin combination therapy
AHP	Allied Health Professionals
AIDS	Acquired Immune Deficiency Syndrome
AMR	Anti-Microbial Resistance
ARV	Anti-Retro Viral Therapy
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CCF	Country Coordinating Facility
CHOGM	Commonwealth Heads of Government Meeting
COMESA	Common Market for Eastern and Southern Africa
COSECSA	College of Surgeons of East, Central and Southern Africa
COVID-19	Coronavirus Disease 2019
CRHC	Commonwealth Regional Health Community
CSA	Child sexual abuse
DDT	Dichloro Diphenyl Trichloroethane
DJCC	Directors' Joint Consultative Committee
EAC	East African Community
EAPHLN	East African Public Health Laboratory Networking Project
ECSA HC	East, Central and Southern African Health Community
ECSACON	ECSA College of Nursing
EOC	Emergency Operating Centres
EVD	Ebola Virus Diseases
FAO	Food and Agricultural Organization
FCTC	Framework Conventions for Tobacco Control
FP	Family planning
GAP	Global Action Plans
GBV	Gender Based Violence
GHSA	Global Health Security Agenda
HBB	Helping Babies Breathe
HIPC	Highly Indebted Poor Countries
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HMC	Health Ministers' Conference (of ECSA- HC)
HREH	Human Resources for Eye Health
HRH	Human Resources for Health
HRIS	Human Resource Information System
HRMS	Human Resources Management Systems
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illnesses
IRS	Indoor Residual Spraying
ITNs	Insecticide-treated bed nets
JEE	Joint External Evaluation
MDG	Millennium Development Goals
MDR	Multi Drug Resistant TB
MNCH	Maternal, Neonatal and Child Health
NACs	National AIDS Commissions
NAP	National Action Plan
NCDs	Non-communicable diseases
NFSN	Non Communicable Diseases, Food Security and Nutrition
NGO	Non-Governmental Organizations
NHA	National Health Accounts
NHAs	National Health Accounts
PAC	Post-abortion Care
PBB	Programme Based Budgets

PLWHAs	People Living with HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission (of HIV)
RH	Reproductive Health
SADC	Southern African Development Cooperation
SDG	Sustainable Development Goals
SNRLs	Supranational Reference Laboratories
TB	Tuberculosis
TBA	Traditional Birth Attendants
TRIPS	Trade Related Aspects of Intellectual Property Rights
TSG	Technical Support Group
UHC	Universal Health Coverage
UN	United Nations Organization
UNICEF	United Nations Children's Fund
VIA	Visual Inspection with Acetic Acid
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
XDR	Extreme Drug Resistant TB

## Introduction

The East, Central and Southern Africa (ECSA) Health Community is a regional inter-governmental health organization that was established in 1974 to foster and promote regional cooperation in health among Member States. Member States of the ECSA Health Community currently include Eswatini, Kenya, Lesotho, Malawi, Mauritius, United Republic of Tanzania, Uganda, Zambia and Zimbabwe. ECSA Health Community has been working with countries and partners to raise the standard of health for the people of the ECSA region by promoting efficiency and effectiveness of health services through cooperation, collaboration, research, capacity strengthening, policy development and advocacy, brokerage and networking.

ECSA Health Community was formerly known as the Commonwealth Regional Health Community for East, Central and Southern Africa (CRHC-ECSA), when it was established in 1974 under the auspices of the Commonwealth Secretariat in London. However, since 1980, the organisation has functioned under the direct control of Member State governments, who visualise the organisation as a unique regional platform for promoting cooperation in health in the region.

The ECSA Health Community Health Ministers Conference, is the highest governing body of the organisation. The Conference meets annually to provide overall political and policy guidance to the Organization, address health policy matters, review regional health strategies and programs and define priority activities aimed at harmonization of policies, better delivery of health services, and collaborative and collective health programs at the national, regional, and international level.

This document is a compendium of the programmatic decisions and resolutions the Health Ministers' Conferences (HMC) have passed over the years. These are translated as both National and Regional commitments where countries and the region are tasked to focus their intervention efforts. Countries and the Secretariat are expected to report back annually on the progress of implementation in the various policy platforms including the Best Practices Forum and the Health Ministers Conference. The document covers up to the 69<sup>th</sup> HMC held in Zambia in February 2020. This document shall be updated to incorporate resolutions which will be passed in the future.

**19<sup>th</sup> Health Ministers' Conference**  
**11 – 15 November 1991, Nairobi, Kenya**

**Resolutions of the 19<sup>th</sup> Health Ministers' Conference**

**Resolution 1: On Safe Motherhood**

- Mindful of the current unacceptable situation regarding maternal health in the ECSA countries,
- Considering that maternal deaths and disability in these countries are among the highest in the African region, and indeed the world,
- Recognizing that in these countries there is a general lack of information on the causes and consequences of maternal morbidity and mortality, and indeed in all aspects of women's health,

**The Commonwealth Regional Health Ministers Conference resolves that:**

1. Member States adopt indicators for monitoring Women's health/safe motherhood initiatives at national, district and community level;
2. Member States should establish clear targets for the improvement of women's health and coordinate programme and policy initiatives to achieve these targets;
3. Member States should identify a national focal point for maintaining and updating a database of safe motherhood/women's health with input from all relevant sectors. This database should include the monitoring indicators agreed upon by the Regional Commonwealth Health Ministers.

**Requests the Regional Secretariat to:**

- a) Make financial provision for assisting member countries to acquire the necessary expertise.
- b) Approach the International Community for financial assistance.
- c) Report to the Commonwealth Regional Health Ministers' Conference in 1992

Member States to report to the to the Commonwealth Regional Health Ministers' Conference in 1992 on progress made.

**Resolution 2: Reproductive Health Research**

In recognition of the role that research can play in each member state in the development of national approaches to the promotion of reproductive health initiatives, the Conference resolves that:

1. Member States take advantage of the Regional Programme of research in reproductive health, as an important mechanism for obtaining data on maternal health, which may assist in the development of strategies to reduce maternal morbidity and mortality;
2. A research fund be created at the CRHCS amounting to US Dollars 20,000.00 per annum initially, as a base for further funding by donor agencies from within and outside the region; and thus requests the Regional Secretary to take the necessary action.

**24<sup>th</sup> Extraordinary Health Ministers' Conference**  
**18 May, 1996, Geneva, Switzerland**

**Resolutions of the 24<sup>th</sup> Extraordinary Health Ministers' Conference**

**Resolution 1: Women's Health**

That in consideration of the importance of the health of women, the region supports the setting up of the Technical Support Group (TSG) and that the Member States will indicate this when the issue was discussed during the Pre-WHA meeting and afterwards

**Resolution 2: Trypanosomiasis in Africa**

The Conference then proposed and agreed that a Regional Epidemiology of Trypanosomiasis System (RETS), be set up comprising of Malawi, Zambia, Zimbabwe, Tanzania, Kenya and Uganda. The Secretariat was tasked to follow up the setting up of the RETS.

**Resolution 3: The problem of Malaria in Developing Countries**

The Conference then resolved that this topic be raised at the Pre-WHA meeting so that when the issue was finally presented to the World Health Assembly it will have support from the Commonwealth countries.

---

**25<sup>th</sup> Health Ministers' Conference  
25 – 29 November 1996, Mauritius**

**Resolutions of the 25<sup>th</sup> Health Ministers' Conference**

**Resolution 1: Food Security**

In considering the effect of drought on food security members states the Conference resolved that:

- (i) There was need to conduct research on all African foods that endure drought, so as to ensure food security
- (ii) The Secretariat should collaborate with other organisations in facilitating the development of the capacity of Member States to deal with drought

**Resolution 2: Food and Nutrition**

The conference stressed that Member States who export salt for human consumption should ensure that only iodized salt was exported

The conference urged Member States to develop Food and Nutrition Policies in countries to provide guidance on implementation of programmes to sustain food security

**Resolution 3: Information Function of Secretariat**

Regarding Information functions of the Secretariat, the Conference directed the CRHCS to:

- (i) Assist Member States in developing their information systems and databases that will serve both the national and regional health needs
- (ii) Strengthen its information system and develop an information resource that Member States can tap into whenever necessary
- (iii) Engage a consultant to guide further development in this area

**Resolution 4: Supporting Health Professions**

The Conference urged the Secretariat to extend to all other health professions the support it had given the Nursing and Midwifery Profession which had enabled them to organize and manage ECSACON which is the Regional Professional College for Nursing and Midwifery.



**26<sup>th</sup> Health Ministers' Conference**  
**24 – 28 November 1997, Maputo, Mozambique**

**Resolutions of the 26<sup>th</sup> Health Ministers' Conference**

**PROGRESS REPORT ON THE IMPLEMENTATION OF THE RESOLUTIONS OF THE 25TH HEALTH MINISTERS CONFERENCE**

**Resolution 1: Assistance to Countries without Medical Schools**

1. The Conference re-emphasized the need for the Secretariat to facilitate assistance to countries without medical schools. The Conference further urged the CRHCS to communicate the information urgently as countries without medical schools desperately needed assistance.

**Resolution 2: Nursing/Midwifery and Allied Health Professions**

2. Noting the importance of the policy recommendations arising from the 3rd Regional Workshop on Harmonization of basic nursing and midwifery education and practice held in Harare, Zimbabwe, in August 1997, the Ministers resolved that the recommendations be adopted with suggested modification and amendments.
3. Considering the general role played by both levels of nursing (enrolled and registered), the Ministers urged the Programme to address issues relating to both levels in its endeavour to improve the quality of education and practice.
4. Recognizing that nurse midwives in most countries of the region have limited opportunities to occupy high level policy making positions within the health sector which traditionally have been the preserve of medical professionals, the health Ministers resolved that leadership training and equal opportunities be provided to nurses and other cadres so as to enable them to compete for those positions and that they be adequately and strategically prepared for such positions which are critical to management and leadership in the health sector and beyond.
5. Noting the bias in the titles of, and qualifications required for some of the positions, referred to in 3 above, towards holders of medical degrees and qualifications, the Conference resolved that countries endeavour to remove these biases-to enable other cadre, to compete for the positions as well.
6. Concerned that issues relating to Allied Health Professionals have not been adequately addressed by the Secretariat up to date, the Ministers directed the Nursing, Midwifery and Allied Health Professions Department to address issues of Allied Health Professionals as a matter of urgency following the recently completed regional survey.
7. Notwithstanding the fiscal constraints faced by Member States, the ministers resolved that appropriate allocation of resources should be promoted within the health sector to ensure the maintenance of acceptable standards of care.
8. Concerned that the culture of caring and compassion has disappeared to a large extent from most health professionals, including nursing and midwifery in most Member States, the conference resolved that these, as well as public relations be made compulsory components of the training so as to improve professional practice. Ministers further resolved that these two attributes be monitored and enforced by the Nursing and Midwifery Councils of Member States.
9. Noting the role of the families in traditional care of patients and the care given by Traditional Birth Attendants (Traditional Midwives) in many communities in the Member States, the Conference urged the Nursing Midwife and Allied Health Professionals Department to address issues relating to these traditional health workers as well.

**Resolution 3: Reproductive Health Issues As Tabled Through the Report Of The 1997 Directors Joint Consultative Committee On Policy, Research, Training And Quality Assurance**

**R3.1 HIV/AIDS/STDs**

10. Recognizing the critical need for the region to strengthen HIV/AIDS control programmes and to develop effective strategies to address HIV/AIDS, the Conference Of Health Ministers resolved that CRHCS should:

- i. Set up a regional multidisciplinary taskforce for reviewing the implications of changing the current policies concerning secrecy especially for people who need to know e.g. spouses and partners, and relatives handling patients in home-based care and of making HIV a notifiable infection.
- ii. Access, organize and disseminate information from other developed and developing countries, particularly commonwealth countries on medical legal issues, confidentiality and HIV testing in order to assist Member States to develop effective policies on these matters as they may deem appropriate.
- iii. Facilitate the process of strengthening multi-sectoral approaches towards HIV/AIDS control and prevention
- iv. Coordinate and support research into traditional and other appropriate therapies for HIV infection and AIDS.
- v. Facilitate dialogue between all agencies supporting HIV/AIDS work in the region so as to streamline and straighten co-ordination for external inputs at the regional and at the national level.
- vi. Develop capacity to address all three components of Policy (i.e. context, content, and process) in order for Policy to make impact on the control and prevention of HIV/AIDS in the region.

11. The Conference of Health Ministers further resolve that Member States should:

- i. Review medical-legal issues concerning HIV/AIDS in order to establish measures aimed at safeguarding the rights of both the infected and the uninfected
- ii. Share information on policy regarding HIV testing of patients before surgery, health care workers providing invasive treatment after exposure to the infection, and antenatal patients with a view to arriving at the most appropriate national policy for protecting both the patient and the health care provider.
- iii. Consider community based contact tracing as one of mechanisms for controlling the epidemic.
- iv. Promote measures to prevent vertical transmission of HIV
- v. Set up ethical standards for AIDS research
- vi. Review, and if necessary modify, guidelines for breast feeding in mothers with HIV infection so as to ensure the survival of the babies who are born free of the infection
- vii. Institute guidelines to ensure effective multi-sectoral approach in HIV/AIDS management and control.
- viii. Review traditional and cultural acceptable coping mechanisms in cases where a mother dies immediately after birth or is not able to breast feed so as to ensure the protection and survival of babies born to HIV infected mothers from inimical commercial pressures by infant formula manufactures.
- ix. Advocate community approach to the management and control of HIV/AIDS and enhance community mechanisms for dealing with socio cultural and economic disasters affecting individuals or families as a result of the infection.
- x. Provide political and psycho-social support for those affected by HIV/AIDS

- xi. Advocate the use of combination and other effective therapies in HIV infection and AIDS
- xii. Promote research into traditional remedies that may be beneficial in the treatment of the HIV infection and AIDS.
- xiii. Establish policies that deal with the stress, fatigue and the low morale of health workers and other health care providers (including family members) involved in HIV/AIDS management and prevention.
- xiv. Coordinate and harmonize external sources for HIV/AIDS management and control so as to ensure efficiency and adherence to national priorities.

### **R3.2 Adolescent Health**

12. Recognizing the critical need for the region to establish effective policies and programmes to address Adolescent Health, the Conference of Health Ministers resolve that Member States should:
- i. Review adolescent health policies so as to facilitate access to health services e.g. family planning for adolescents.
  - ii. Review policies to ensure that school girls who become pregnant are given opportunity to continue with their education so that they do not miss out on education
  - iii. Accommodate life skills education for adolescents in school and outside school
  - iv. Review laws governing child abuse to make stiffer punishment to provide a meaningful deterrent.
  - v. Strengthen substance abuse policies (including legislation) so as to make them more effective in dealing with the problem among adolescents.
  - vi. Institute policies that prevent socio-cultural abuse of female adolescents.
  - vii. Establish national school system to address problems of adolescents
  - viii. The Conference of Health Ministers also resolved that CRHCS should facilitate the process of sharing experiences and sharing of lessons learnt from innovative multi-sectoral models among Member States.

### **R3.3 Maternal and Child Health**

13. In view of the negative status and trend of Maternal and Child health in the Region, the Conference of Health Ministers resolve that Member States should:
- i. Implement and strengthen policies aimed at increasing accessibility of reproductive health services for all women and men of reproductive age and menopausal women.
  - ii. Support the improvement of women's health not only by providing health sector inputs but also by facilitating inputs from other sectors which enhance the education of women and women's economic empowerment.
  - iii. Strengthen the capacity of district health planning structures to integrate maternal and child mortality interventions into the district planning.
  - iv. Improve health information systems so as to provide accurate data on maternal and other MCH statistics
  - v. Improve the level of competence in MCH cadres of staff and make resources available to ensure quality of service
  - vi. Support community involvement/approaches to reduce maternal and childhood mortality
  - vii. Promote and advocate the development of effective community action against child sex abuse and establish victim friendly courts, counseling, support services and inter-sectoral action.
  - viii. Adopt the kangaroo care method for care of well pre-mature babies wherever

- appropriate.
- ix. Recognize and support research and intervention programmes on child abuse as a priority area of action.

### **R3.4 Cervical Cancer**

14. Noting the high prevalence of Cervical Cancer in the region and given that cervical cancer is a treatable condition if it is detected early, the Conference of Health Ministers resolve that Member States should:
  - i. Promote the use of Visual Inspection (with Acetic Acid) as a method of screening for cervical cancer in routine MCH programmes and improve accessibility of treatment facilities.
  - ii. Adopt policies to integrate cervical cancer screening in Primary Health Care Programmes
  - iii. Allocate resources to support research into safe and feasible treatments for pre-malignant and early invasive cancer cervix.
  - iv. Recognize cervical cancer as a sexually transmitted infection, and recognize its relationship with HIV infection.
  - v. Ensure availability of palliative care, including appropriate analgesics for women with invasive cervical cancer.

### **R3.5 Monitoring Implementation of Reproductive Health Policies**

15. Recognizing the need for Member States to take concrete action in implementing their Reproductive Health Policy commitments, the Conference of Health Ministers resolve that Member States should:
  - i. Strengthen National Health Information Systems and link them up to a Regional Health Information System so as to facilitate effective communication between the Member States of the Health Community and the Secretariat.
  - ii. Set up mechanisms for facilitating the monitoring of implementation of health policies with special reference to reproductive health.
  - iii. Institute policies and mechanisms to ensure that agencies working in the same area co-ordinate their activities and synchronize them with national priorities.

### **R3.6 Strategic Health Research**

16. Considering the need to strengthen research in the region, the Conference of Health Ministers resolve that Member States should articulate operation research policy, defining:
  - The Role of research in the provision of health services
  - Research priorities
  - Guidelines for research in terms of:
    - o Ethical Clearance
    - o Intellectual Properties
    - o Ownership of results
    - o Getting research into programmes
- i. Make adequate budgetary provisions for strategic research in the annual estimates of the Ministry of Health where such provisions do not exist.

- ii. Have a policy governing contracted research to ensure that it is within the national priorities and that it contributes to capacity building in terms of training and equipment.
- iii. Introduce policies that will cultivate a research culture in all health institutions.
- iv. Facilitate the setting up and or the strengthening of National Research Foundations.
- v. Institute mechanisms for coordinating research
- vi. Empower and motivate local researchers (through contracting and grants) in order to enable them to work on priority national health problems without undue reliance on external resources.

### **R3.7 Food and Nutrition Programme**

- 17. Noting the need for the Secretariat to, where necessary, contract consultants to collect information from Member States, Ministers resolved that the point of reference for such consultants should always be government and not NGO or any other organization so as to ensure validity of information obtained.
- 18. Appreciating the work done by the Secretariat in promoting salt iodation, the Ministers required the Secretariat to support countries which still required specific assistance in this area and to note the special needs of Member States, like Lesotho, in the areas of Legislation and Advocacy.
- 19. In considering health implications resulting from humans consuming non- iodated salt meant for animal consumption, Ministers resolved to request Ministers of Agriculture to develop Legislation on this issue.
- 20. Noting that some countries like Zimbabwe, have reported cases of thyrotoxicosis that was suspected to be associated with high levels of iodine in salt consumed, the Ministers requested the Secretariat to review effects of levels of iodine in salt consumed in Member States and devise mechanisms to prevent thyrotoxicosis.
- 21. Noting the Iron deficiency had not received adequate attention in this region, the ministers requested the Secretariat to initiate Programme activities on control and prevention of Iron deficiency in the region.
- 22. Noting the over emphasis on micronutrients and relatively less emphasis on Macronutrients, the Ministers requested the Secretariat to put into consideration a holistic approach to nutrition interventions aimed at alleviating Protein Energy Malnutrition as a matter of priority for member countries.

### **R3.8 Special Programmes**

#### **Trypanosomiasis**

- 23. Understanding the need to ensure the availability of cost effective and efficacious therapeutic agents for all the countries affected, the Conference resolved that CRHCS would carry out a survey of drugs being used for treatment of Trypanosomiasis in the Region before asking South Africa to start producing the pharmaceuticals. Possibilities of other Member States producing the drugs were also to be explored.

### **Resolution 4: Health Systems Management**

#### **4.1 Twinning of Hospitals**

- 24. Noting the encouraging progress made, the Conference requested the Secretariat to pursue the initiative.

## 4.2 Management of Tertiary Hospitals

25. In view of the importance of cost effective management of Tertiary hospitals, the conference requested the Secretariat in collaboration with Member States and interested collaborators to make sure that training at University Teaching Hospital (UTH) and other suggested localities should be started as soon as possible.

### Resolution 5: Occupational Health and Safety

26. Noting the progress made to date on this issue the Conference urged the Secretariat to follow up the collaborative funding and training links which it was developing.

### Resolution 6: Directors Joint Consultative Committee on Policy, Research, Training and Quality Assurance In Health Care

#### R6.1 The Role of Regional Colleges, Medical Schools and Professional Associations in Quality Care and Harmonization of Training

27. CRHCS should conduct an in-depth study on the harmonization of non-degree programmes in the Region. This study should include *entry qualifications, length of the course and nomenclature* of various cadres
- (i) From the information gathered in the study and other relevant information, prepare a report on the feasibility of the harmonization of these programmes
  - (ii) Evaluate (audit) the existing regional programmes in terms of *adequacy, level of utilization, level and quality of staffing and relevance of the programmes*

#### R6.2 Harmonization of Training

28. Regarding Degree Programmes the Conference resolved that Member States should:
- (i) Establish enabling policies for continued harmonization of core components of human resource development in health and Primary Health Care
  - (ii) Harmonize events following graduation regarding duration of Internship, experience required for registration and starting practice
  - (iii) Endorse setting up standards of training within the Region
29. The Conference further resolved that Member States which have medical schools should:
- (i) Assist countries without medical schools by providing up to date information on prospectuses, admission requirement and fee structures for the courses run in their institutions.
  - (ii) Reserve certain agreed quotas in their annual admissions for students from Member States which have no medical schools
  - (iii) Endorse concessionary fees for regional candidates

### Resolution 7: Establishment of College of Nutrition

30. Recognizing the need to promote Nutrition training in the Region, the Conference resolved that Member States should:

- (i) Approve the establishment of a Regional College of Nutrition and mandate it to harmonize training, research and service delivery in the field of nutrition in ECSA.
- (ii) The Conference further resolved that the CRHCS should facilitate and support the development of a Regional College of Nutrition in the same way as it had supported the development of ECSACON

### **Resolution 8: Establishment of the Regional College of Medicine**

31. Noting that the Secretariat had supported the development of ECSACON and that in its last meeting the Conference had requested the Secretariat to support the development of professional colleges in other cases, the Conference resolved that Member States should:
- (i) Explore and facilitate the development of a College of Medicine for the Region and mandate it to:
    - Award postgraduates degrees
    - Set up standards of postgraduate training
    - Accredit new training programmes, institutions and schools
  - (ii) The Conference also reaffirmed its previous resolution on this subject referred to above and requested the Secretariat to carry this forward

### **Resolution 9: Quality Assurance**

32. Recognizing the need to institute Quality Assurance Initiatives in Member States the Conference of Health Ministers resolved that Member States should:
- (i) Institute comprehensive quality assurance programmes in their countries. Such programs should include processes, procedures, desired outputs and outcomes, monitoring and evaluation and audit.
  - (ii) Consider methods of ensuring the competence of health workers by a system of accreditation, retraining and continuing education and re-registration. Efforts should be made to ensure that such activities did not encourage brain drain
  - (iii) Strengthen management of resources with the aim of ensuring accessibility of services and equity
  - (iv) Emphasize the teaching of medical ethics as an essential component of the curriculum for all health personnel
  - (v) Strengthen and monitor enforcement and adherence to medical ethics
  - (vi) Introduce and/or support a patient charter for making sure that institutions performed at the appropriate level of competence and informed the public of their rights in order to encourage informed dialogue and community participation in quality assurance
  - vii) Establish Medical Audits

### **Resolution 10: Future of the DJCC**

33. Considering the importance of the DJCC which is the highest Technical Expert Committee of the Health Community and realizing that the Community's financial resources were limited, the Ministers made the following resolutions regarding the future of DJCC.

- (i) The DJCC should, as stipulated in Terms of Reference approved by the 19<sup>th</sup> Ministers' Conference, meet annually before the Advisory Committee so as to carry out its mandated tasks
  - (ii) The Secretariat budget should make provision for the annual meetings of the DJCC
  - (iii) The DJCC meetings like other expert committee meetings should be small in size. The participants in DJCC meetings should be Directors and Deans whose selection would be determined by the subject matter of each meeting. The selection of the participants should also take into consideration of all the expert committees of the Health Community.
  - (iv) The DJCC should be convened by the Regional Secretary on an annual basis.
  - (v) The DJCC meeting once convened should elect its own Chairperson among its members as was practice for all the others Expert committees.
-



## **30<sup>th</sup> Health Ministers' Conference 25 – 29 October 1999, Seychelles**

### **Resolutions of the 30<sup>th</sup> Health Ministers' Conference**

#### **Preamble**

The Theme for the 30<sup>th</sup> Health Ministers' Conference held at Plantation Club Hotel, Mahe, Seychelles, from 25 - 29 October 1999 was "Advancing Partnerships for Better Health in East, Central and Southern Africa (ECSA) into the New Millennium". Sub-themes focussed on priority health issues including:-

- Developing Quality Health Services within Limited Resources
- The HIV/AIDS Disaster in ECSA
- Improving Reproductive Health in ECSA: Achievements and Challenges
- Enhancing Capacity of Frontline Workers in Addressing Health Challenges in ECSA
- From Research to Policy and Action
- Health Reforms in ECSA: Some Lessons Learnt
- Addressing Nutrition as a Development Issue
- Information, Education and Communication, a Vital Tool in Health Development
- Strengthening Partnerships and Collaboration for Better Health in ECSA.

Resolutions were adopted on the following: -

- HIV/AIDS Prevention and Control
- Nutrition as a Development Issue
- Traditional Birth Attendants
- Allied Health Professionals
- Technical Cooperation among Members
- Y2K Compliance
- Health Reforms
- An Expression of Appreciation to the Government and the People of Seychelles.

In adopting these Resolutions, the Conference took cognisance of the Resolutions of the 26<sup>th</sup> Commonwealth Regional Health Ministers' Conference held in Maputo, Mozambique in 1997. The Conference noted that these Resolutions are still valid and are currently being implemented by CRHCS and Member States. The Resolutions cover a wider range of strategic areas including:-

- Adolescent Health
- Maternal and Child Health
- Cervical Cancer
- Monitoring Implementation of Reproductive Health Policies
- Health Research
- Revisiting Initiatives for addressing Macronutrient Malnutrition
- Strengthening Nursing, Midwifery and Allied Health Provisions.

#### **Resolution 1: HIV/AIDS Prevention and Control (CRHC/RHM30/R1)**

##### **The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Recalling the resolutions of the 26<sup>th</sup> Regional Health Ministers Conference relating to HIV/AIDS prevention and control in East, Central and Southern Africa

- Deeply concerned about the rapid spread of HIV in the Region
- the high rate of Parent to child transmission (PTCT) of HIV
- the increasing number of orphans
- Concerned that some strategies currently in use are not effective.
- Aware of the impact of HIV/AIDS on health and socio-economic development
- Acknowledging that HIV/AIDS has been declared a Disaster in Africa and requires an emergency response
- Commending the political commitment shown by leaders in the Region
- Recognising the important role of nutrition in prevention and management of HIV/AIDS
- Noting the lack of information on nutrition management for people living with HIV/AIDS (PLWAs)

#### **1. Urges Member States:**

- (1) to provide an appropriate policy and legal framework and environment to deal with HIV/AIDS
- (2) to provide adequate resources for the expanded national response
- (3) to make HIV/AIDS a priority in all development programmes at national level
- (4) to review current strategies for HIV/AIDS prevent on and control with a view to introducing innovative approaches that can lead to reduction of the spread of the pandemic
- (5) to provide adequate treatment for sexually transmitted diseases and identify contact partners
- (6) to strengthen programmes/interventions targeting young people aged 10-24 years
- (7) to explore methods of reducing parent to child transmission (PTCT) of HIV
- (8) to strengthen the surveillance of HIV/AIDS in order to ensure continuous monitoring of the pandemic
- (9) to make reliable condoms, including the female condom, readily available all the time and providing information to ensure correct and consistent use
- (10) to provide adequate care for PLWAs especially against the opportunistic infections while continuing advocating for affordable antiretroviral drugs
- (11) to strengthen community support structures for the growing number of orphans and paying particular attention to the needs of orphans
- (12) to encourage research into relevant vaccine development against HIV strains prevalent in the Region
- (13) to promote research into development of reliable drugs including traditional medicines and ensure quality control
- (14) to protect PLWAs from discrimination
- (15) to mobilise resources at national and international levels for HIV/AIDS prevention and control
- (16) to provide information on Nutrition and HIV/AIDS to the entire population
- (17) to strengthen Voluntary Counselling and Testing (VCT) services
- (18) to encourage research into therapeutic diets for PLWA

#### **2. Urges the CRHCS:**

- (1) To continue initiatives on collaboration and coordination between bilateral and multilateral partners as well as Regional Networks to strengthen partnerships against HIV/AIDS
- (2) To identify and disseminate models of good practice among countries
- (3) To collect, compile, repackage and disseminate relevant information on HIV/AIDS policies, HIV/AIDS surveillance

- (4) to work with Member States in mounting an effective response to the pandemic and consider the development of a Regional Strategy on HIV/AIDS
- (5) to collate research on various aspects of nutrition and HIV/AIDS

## **Resolution 2: Nutrition as a Development Issue (CRHC/RHM30/R2)**

### **The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Deeply concerned about the high levels of the various forms of malnutrition in the region, and further concerned that the mild to moderate malnutrition which is not obvious is the most damaging
- Noting with satisfaction the progress made in addressing micronutrient deficiencies
- Aware that nutrition is a Multi-sectoral issue but noting that allocation of resources comes mainly from the Health and Agricultural Sectors and concerned that these resources are inadequate
- Realising that most damage resulting from malnutrition occurs before the age of two years and that the damage is permanent/irreversible
- Underscoring the critical importance of Nutrition in development

#### **1. Urges Member States:**

- (1) To develop or review their nutrition policies and relevant legislation
- (2) To strengthen and harmonise their nutrition programmes
- (3) To allocate adequate resources to nutrition programmes for the at risk groups
- (4) To strengthen the capacity of nutrition service providers
- (5) To establish a permanent mechanism for involving all relevant sectors in nutrition
- (6) To identify and utilise appropriate vehicles for food fortification
- (7) To examine cultural practices that predispose the infants, young children and women to malnutrition to strengthen growth monitoring and promotion programmes and national nutrition surveillance systems
- (8) To promote and protect breastfeeding as the most appropriate form of feeding for infants.

#### **2. Urges the CRHCS:**

- (1) To strengthen information system on nutrition
- (2) To identify and collect models of good practice in the region and disseminate To Member States
- (3) To continue providing support for the establishment of the ECSA College of Nutrition
- (4) To continue playing an advocacy role for relevant nutrition policies
- (5) To support Member States to aggressively embark on training and capacity building.

## **Resolution 3: Traditional Birth Attendants (CRHC/RHM30/3R3)**

### **The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Recognizing that Traditional Birth Attendants (TBAs) are an important component of the primary health care system

- Aware that TBAs attend to or conduct between 9% - 50-% of all deliveries in some Member States
- Noting that TBAs are not formally recognized in most countries
- Concerned that TBAs in most countries do not receive the support they require to perform safe deliveries
- Mindful of the need to periodically identify training needs of TBAs in order to maintain a high level of competence
- Noting that most countries have some form of TBA training but concerned that this training is not regularly held
- Noting the difficulties in obtaining data on TBAs
- Recognising that the training of midwives and other modern practitioners is an objective that may not be attained in most Member States in the short term

**1. Urges Member States, where TBAs exist:**

- (1) To re-examine TBA training programmes with a view to strengthening them to ensure safe practice and a constant update of knowledge and skills
- (2) To develop mechanisms of monitoring the practice of TBAs and providing them with feedback
- (3) To periodically collect and compile data on TBAs and their practice and make such data available to CRHCS for further dissemination to Member States that may require it
- (4) To ensure that cordial relations between TBAs and health centre staff particularly midwives are strengthened
- (5) To use TBAs as an entry point for other PHC activities at community level.

**2. Urges the CRHCS:**

- (1) To maintain a database on TBAs and their role in community health care services
- (2) To package and disseminate information pertaining to safe practice particularly in relation to HIV/AIDS
- (3) To encourage research into TBA practice and its role in community primary health care
- (4) To examine guidelines developed in Member States for training of TBAs with a view to developing a regional document for TBA training which countries can adapt to their needs
- (5) To facilitate training of TBAs
- (6) To identify models of good practice and disseminate them to Member States
- (7) To support Member States in their efforts to increase the number of trained midwives.

**Resolution 4: Allied Health Professionals (CRHC/RHM30/R4)**

**The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Aware that human resources constitute the most valuable asset in health development in all countries
- Noting that human resources development is impacted upon by a number of factors within and outside the health sector

- Noting that allied health professionals (AHPs) are defined as *all health workers who have undergone technical training of one (1) year or longer, other than doctors, dentists, pharmacists and registered nurses and midwives*
- Concerned that available human resources for health are inadequate in most Member States due to the brain drain and HIV/AIDS
- Reaffirming that allied health professionals play a key role in primary health care
- Recognizing that the scope of practice of AHPs covers curative, preventive, promotive and rehabilitative services
- Noting with concern that in some Member States the practice of AHPs is not regulated by appropriate regulatory bodies
- Further concerned about the shortage of qualified teaching staff and lack of career structures for AHPs

**1. Urges Member States:**

- (1) To create career paths for AHPs
- (2) To ensure that educators hold relevant teaching qualifications
- (3) To provide adequate financial support to training institutions
- (4) To improve coordination between human resource development and needs of health development
- (5) To facilitate regulation of AHPs by appropriate bodies, where such mechanisms do not already exist
- (6) To increase further, the opportunities for Capacity Building in AHPs

**2. Urges the CRHCS:**

- (1) To collect information on AHPs and create data bases that can be accessed by Member States
- (2) To continue providing periodic updates on AHP training institutions and programmes available in the region
- (3) To follow up the Human Resources Profiles of countries, to identify areas of Human Resources Development needs and facilitate establishment of priority Capacity Building activities
- (4) To investigate mechanisms of retaining qualified and experienced AHPs
- (5) To facilitate development of packages for delivery of health services.

**Resolution 5: Technical Cooperation among Member States (CRHC/RHM30/R5)**

**The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Noting progress made in health development by some Member States and
- Recognising that some Member States have opened up their training and other institutions to nationals of other Member States
- Realising that Member States can benefit from the progress and experiences made by other Member States
- Aware that one of the strategic objectives of the CRHCS is Human Resource Development and Capacity Building

**1. Urges Member States:**

- (1) To promote exchange visits and study tours to help promote models of good practice
- (2) To share information on pertinent health issues
- (3) To document their experiences and innovative approaches to health development and submit them to CRHCS for database
- (4) To open up their training institutions/facilities to other Member States who may not have such facilities.

**2. Urges CRHCS:**

- (1) To facilitate sharing of experiences and lessons learned
- (2) To maintain database on innovative approaches to health development in the Region
- (3) To provide information to Member States on models of good practice
- (4) To facilitate the placement of students into institutions of higher learning.

**Resolution 6: Y2K Compliance (CRHC/RHM30/R6)**

**The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Aware of the urgency to address Year 2000 Compliance (Y2K) in our region
- Concerned that there will be computer and other equipment that may be non Y2K compliant
- Further concerned that there may be interruptions and delays in the use of equipment that are non Y2K compliant and that this may endanger the lives of people
- Concerned that Member States may not have the capacity to dispose of obsolete non Y2K equipment

**1. Urges Member States:**

- (1) To complete surveys to determine Y2K compliance of all equipment in health facilities
- (2) To ensure Y2K compliance of all equipment as a matter of urgency
- (3) To provide information on the potential hazards of obsolete equipment to their communities
- (4) To mobilize resources to facilitate Y2K compliance at all levels
- (5) To be vigilant and ensure that obsolete equipment and related toxic materials are disposed of in accordance with international regulations and standards.

**2. Urges CRHCS:**

- (1) To provide complete and accurate information on the hazards of dumping computers and other equipment
- (2) To share information on Y2K compliance with Member States.

**Resolution 7: Health Reforms (CRHC/RHM30/R7)**

**The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Recognising that Health Sector Reform in ECSA has varied from country to country and that these reforms must be conducted within the context of each country's situation

- Concerned that certain measures undertaken in Health Sector Reform may adversely affect the health of deprived and low-resourced communities
- Recognising the need to strengthen community participation
- Recognising that Health Sector Reform is an ongoing process

**1. Urges Member States:**

- (1) To define clearly the priority areas of Health Sector Reform
- (2) To actively engage the community in the process of Health Sector Reform so that there is genuine national support for the Reform agenda
- (3) To ensure that equity issues in health care and the health of vulnerable groups are not compromised
- (4) To ensure that the process and agenda of Health Sector Reform conform to national priorities and needs rather than allowing them to be driven by the priorities of donors
- (5) To ensure adequate financial support for health sector reforms
- (6) To define appropriate social and health indicators and ensure the close monitoring and evaluation of Health Sector Reforms and their impact.

**2. Urges CRHCS:**

- (1) to package and disseminate critical information for Member States on evidence based Health Sector Reforms
- (2) to facilitate capacity building in Health Reforms
- (3) to play advocacy role for Member States to adopt relevant Health Reform initiatives.

**Resolution 8: Expression of Appreciation to the Government and People of Seychelles (CRHC/RHM30/R8)**

**The 30<sup>th</sup> Regional Health Ministers' Conference,**

- Noting with appreciation the acceptance by the Ministry of Health of Seychelles to host both the 30<sup>th</sup> Regional Health Ministers' Conference and the Commonwealth Regional Health Community 25<sup>th</sup> Anniversary symposium at short notice
  - Aware of the extensive preparations that have gone into hosting these activities
  - Grateful for the warm hospitality accorded to the Ministers and their delegations
  - Appreciating the excellent arrangements made by the Ministry of Health and Government of Seychelles
1. Thanks the Government, Ministry of Health and people of Seychelles.
  2. Requests the Minister of Health of Seychelles to convey the gratitude of the Ministers and delegates to His Excellency the President of Seychelles, France Albert Rene.

**32<sup>nd</sup> Health Ministers' Conference**  
**23 – 26 October 2000, Ezulwini, Swaziland**

**Resolutions of the 32<sup>nd</sup> Health Ministers' Conference**

**Preamble**

The Theme for the 32<sup>nd</sup> Health Ministers' Conference held at Royal Convention Centre Ezulwini, Swaziland from the 23 - 26<sup>th</sup> October, 2000 was Reproductive Health and HIV/AIDS prevention and control.

Sub-thematic areas focused on:

- Safe Motherhood
- HIV/AIDS/STIs
- Adolescent
- Reproductive Cancers
- Other Reproductive Issues

Resolutions were adopted on the following:

- Adolescent Sexual and Reproductive Health
- Safemotherhood
- HIV/AIDS/STIs
- Universal Infection prevention and safe injection practices
- Resource Mobilization
- Cancers of Reproductive Health
- Nutrition and HIV/AIDS
- Expression of Appreciation - to Government of Swaziland.

**Resolution 1: Adolescent Sexual and Reproductive Health (CRHC/RHMC32/R1)**

**The 32<sup>nd</sup> Regional Health Ministers' Conference,**

- Recognizing that Adolescents constitute about 40% of the population within the region,
- Being aware that adolescents engage in sexual activities at an early age and that this exposes them to the risk of STI's and HIV/AIDS,
- Desirous that the majority of them who are HIV negative remain so,
- Realizing also that risky sexual behaviours produce high rates of teenage pregnancies which result in unsafe abortion with its attendant complications,
- Concerned that adolescents account for almost up to 50% of the new HIV infections in many of the countries within the region,
- Further concerned that adolescents are vulnerable to sexual, alcohol and substance abuse,

**1. Urges Member States to:**

- (i) develop and put in place adolescent reproductive health policies and programmes that specifically target this group,
- (ii) develop and implement these programmes in consultation with the youth,



- (iii) ensure the development and utilization of adolescent-friendly health services,
- (iv) encourage dialogue between adolescents and parents and to promote abstinence and the delay of sexual activity in this group,
- (v) intensify the use of Information, Education and Communication (IEC) that will bring about and maintain responsible behavioural change,
- (vi) review existing laws and ensure the legislation is in place and is being implemented to protect adolescents from exploitation and all forms of abuse,
- (vii) protect adolescents from exploitation by the media and encourage them to maintain responsible change,
- (viii) promote the development of regional strategy within the region on adolescent sexual and reproductive health.

**2. Urges CRHCS to:**

- (i) facilitate the sharing of experiences and lessons learnt from cost-effective and sustainable adolescent health programmes within the region,
- (ii) identify areas of collaborative research in adolescent reproductive health,
- (iii) provide up-to-date information on adolescent reproductive health.

**Resolution 2: Safe Motherhood [CRHC/RHMC32/R2](#)**

**The 32<sup>nd</sup> Regional Health Ministers' Conference,**

- Deeply concerned about the high Maternal and Perinatal Morbidity and Mortality rates in the region,
- Concerned about the limited access to quality Maternal and Perinatal services and the weak referral systems in Member States,
- Further concerned about the low utilization of Maternal and Perinatal Audits to improve safe motherhood programmes,
- Aware of the existence of models of good practice in the region,
- Recognizing the need to adopt a Multi-sectoral need to approach for the reduction of maternal and perinatal, morbidity and mortality,

**1. Urges Member States to:**

- (i) promote better practices in safe motherhood,
- (ii) strengthen perinatal services,
- (iii) strengthen emergency obstetric care through capacity building, improvement of infrastructure and provision of adequate supplies,
- (iv) strengthen referral systems,
- (v) introduce concept of emergency contraception in Member States,
- (vi) promote post abortion care,
- (vii) strengthen monitoring and evaluation of safe motherhood initiatives,
- (viii) adopt Multi-sectoral approaches towards improving safe motherhood,
- (ix) adopt the use of maternal and perinatal audits.

**2. Urges CRHCS to:**

- (i) work in partnership with regional and international organizations to promote better practices in safe motherhood,
- (ii) share experiences and lessons learnt in safe mother programmes,

- (iii) facilitate access to international resources for programme Implementation,
- (iv) promote male-friendly safe motherhood services,
- (v) mobilize adequate resources for in-country and regional activities.

**Resolution 3: HIV/AIDS Prevention and Control (CRHC/RHMC32/R3)**

**The 32<sup>nd</sup> Regional Health Ministers Conference,**

- Recalling the resolution of the 30<sup>th</sup> Regional Health Ministers Conference on HIV/AIDS prevention control in the region,
- Concerned about the persistently high prevalence of HIV/AIDS in the region despite the ongoing initiatives,
- Further concerned about the impact of HIV/AIDS on socio-economic development as evidenced by a decline in life expectancy at birth and rising infant and child mortality rates in most countries in East, Central and Southern Africa,
- Deeply concerned that HIV/AIDS continues to increase the number of orphans and that currently the family and community support structures/systems are overstretched,
- Noting that some Member States have started recording a decline in the prevalence of HIV,
- Underscoring the importance of nutrition interventions and support in improving and prolonging life of people living with HIV/AIDS (PLWHA),
- Aware that PLWHA have limited access to care, support and treatment including opportunistic infections and that currently anti-retroviral drugs are out of reach for most PLWHA

**1. Urges Member States to:**

- (i) scale up cost-effective interventions,
- (ii) share experiences and better practice,
- (iii) develop innovative sustainable approaches for the care of orphans in the communities,
- (iv) review and strengthen legislation to safeguard family property with special emphasis to orphans, living widows and widowers and others,
- (v) strengthen monitoring and evaluation systems,
- (vi) review and develop a minimum package of care for HIV/AIDS,
- (vii) promote active responsible behaviour change programmes and monitor progress,
- (viii) promote research into traditional medicine therapies,
- (ix) increase access to voluntary counselling and testing,
- (x) support vaccine development on subtypes prevalent in the region,
- (xi) improve the capacity of Member States for management of AIDS related diseases.

**2. Urges CRHCS to:**

- (i) encourage and strengthen regional collaboration in monitoring and evaluation and research,
- (ii) facilitate exchange of experiences and better practices in the region,
- (iii) collaborate with regional partners in identifying, documenting and disseminating cost-effective sustainable and innovative interventions,
- (iv) review and develop a minimum package of care in collaboration with other bodies e.g. UNAIDS, WHO, SADC, UNICEF,

- (v) promote poverty alleviation as a major intervention in HIV prevention and control,
- (vi) develop joint collaborative activities with SADC
- (vii) encourage Member States to produce a national HIV/AIDS policy and plans of action if they are not already in place.

**Resolution 4: Resource Mobilisation for an Expanded HIV/AIDS Response in ECSA (CRHC/RHMC32/R4)**

**The 32<sup>nd</sup> Regional Health Ministers' Conference,**

**Recognizing that HIV/AIDS poses a threat to socio-economic development in the region,**

- Concerned that resources allocated for HIV/AIDS from Governments, International Agencies and Donors are inadequate,
- Deeply concerned about the heavy debt burden borne by most Member States,
- Recognizing the need for follow up to the meeting of Health and Finance Ministers, which was held in Nairobi, Kenya from 10 – 11 August 2000,

**1. Urges Member States to:**

- (i) continue partnership between Ministries of Health, Finance and other Ministries in the fight against HIV/AIDS,
- (ii) make adequate budgetary provision for prevention and management of HIV/AIDS,
- (iii) develop innovative ways of fundraising for prevention and management of HIV/AIDS,
- (iv) encourage local private sector contribution in HIV/AIDS prevention and control activities,
- (v) improve data collection and analysis on the HIV/AIDS epidemic,
- (vi) conduct resource mobilisation roundtables and improve information on resource utilization.

**2. Urges CRHCS to:**

- (i) facilitate the establishment of the Task Force of Ministers of Health and Ministers of Finance to advocate for total debt cancellation,
- (ii) collaborate with regional and international organisations in advocating for total debt cancellation,
- (iii) implement the resolutions of Health and Finance Ministers meeting held in Nairobi, Kenya from 10 to 11 August 2000,
- (iv) facilitate the sharing and exchange of information and experiences on resource mobilisation for an expanded HIV/AIDS response among Member States,
- (v) organise regional meetings/roundtables on resource mobilisation for HIV/AIDS,
- (vi) ensure that funds are mobilized for country driven activities,
- (vii) arrange for a meeting of Ministers of Health and Ministers of Finance with organisations such as World Bank and IMF,
- (viii) Report to CHOGM.

**Resolution 5: Universal Infection Control and Safe Injection Practice (CRHC/RHMC32/R5)**

## **The 32<sup>nd</sup> Regional Health Ministers Conference,**

- Deeply concerned that some Member States do not have policies, guidelines and procedure manuals for infection control,
- Concerned that infections like HIV/AIDS and Hepatitis B, Ebola, Cholera and others may be spread by non observance of infection control practices at service delivery outlets and in home based care settings,

### **1. Urges Member States to:**

- (i) formulate and strengthen national infection control policies,
- (ii) develop/strengthen structures for infection control,
- (iii) develop guidelines and procedure manuals for all areas of practices likely to cause the spread of infection,
- (iv) allocate adequate resources to support infection control and safe injection practices,
- (v) strengthen the teaching and practice of infection control and safe injection practices,
- (vi) conduct relevant research to support infection control,
- (vii) eliminate the reuse of syringes and needles.

### **2. Urges CRHCS to:**

- (i) assist Member States in developing harmonized infection control and safe injection policies,
- (ii) assist Member States in developing harmonized infection control and safe injection guidelines,
- (iii) collaborate with other agencies in supporting country efforts aimed at reducing preventable infections.

## **Resolution 6: Cancers of Reproductive System (CRHC/RHMC32/R6)**

### **The 32<sup>nd</sup> Regional Health Ministers Conference,**

- Aware that Cancers of the reproductive system are becoming a major public health problem in the region,
- Realizing that these cancers especially cancer of the cervix are usually diagnosed late,
- Concerned about the high costs of current screening programmes for cancers of the reproductive system and lack of personnel and equipment to carry these out,
- Concerned about the lack of awareness on self examination by the community and health workers as an effective screening for breast cancers,

### **1. Urges Member States to:**

- (i) adopt and expand the use of Visual Inspection with Acetic Acid (VIA) as a screening tool for cervical cancer,
- (ii) encourage women and men to engage in self and mutual partner examination for detection of breast cancers,
- (iii) encourage the private sector who have the resources for detection and management of cancers of the reproductive system to make such services more accessible,

- (iv) promote education on detection of cancers of the male reproductive system,
- (v) promote public awareness on cancers of the reproductive system,
- (vi) expand training of health practitioners in management of cancers of the reproductive system.

**2. Urges CRHCS to:**

- (i) facilitate collaboration in identifying training needs of personnel in the area of cancers of the reproductive system,
- (ii) Identify centres within the region where training on cancers of the reproductive system can be conducted,
- (iii) Identify centres in the region which can be used for treatment of advanced cases of cancers of the reproductive systems and can be accessed by citizens of all Member States.

**Resolution 7: Nutrition and HIV/AIDS (CRHC/RHMC32/R7)**

**The 32<sup>nd</sup> Regional Health Ministers' Conference,**

- Recalling the Resolutions of the 30<sup>th</sup> Regional Health Ministers' Conference on Nutrition,
- Noting with deep concern the increasing levels of malnutrition in ECSA,
- Recognizing the important role of nutrition in the prevention and mitigation of HIV/AIDS,
- Further concerned about the need for basic food and nutrition support for the HIV/AIDS infected and affected,

**1. Urges Member States to:**

- (i) advocate for the provision of basic nutrition supplementation for the HIV/AIDS infected and affected (in collaboration with FAO, WFP, UNICEF, WHO, etc.),
- (ii) step up micronutrient supplementation,
- (iii) strengthen information dissemination and support on Nutrition and HIV/AIDS,
- (iv) strengthen the maternal and child health and nutrition programmes,
- (v) develop/strengthen policies for breastfeeding for mothers with HIV/AIDS.

**2. Urges CRHCS to:**

- (i) initiate dialogue with FAO, WFP, WHO, UNICEF, UNAIDS, SADC, EAC, COMESA on the basic nutrition support for the HIV/AIDS affected persons,
- (ii) support Member States with information on Nutrition and HIV/AIDS and advocacy with all relevant sectors like agriculture, commerce, education etc,
- (iii) facilitate research on indigenous foods,
- (iv) facilitate research on traditional medicine in the region,
- (v) facilitate research on natural food sources,
- (vi) disseminate and update breastfeeding and infant feeding polices.

**Resolution 8: Expression of Appreciation to the Government and People of Swaziland (CRHC/RHMC32/R8)**

**The 32<sup>nd</sup> Regional Health Ministers Conference,**

- Noting with appreciation the acceptance by the Ministry of Health and Social Welfare of the Kingdom of Swaziland to host the 32<sup>nd</sup> Regional Health Ministers' Conference,
  - Aware of the extensive preparations that have gone into hosting these activities,
  - Grateful for the warm hospitality accorded to the Ministers and their delegations,
  - Appreciating the excellent arrangements made by the Government and people of Swaziland,
1. wishes to express thanks to the Government and people of Swaziland,
  2. requests the Minister for Health and Social Welfare of Swaziland to convey the gratitude of the Ministers and delegates to His Majesty King Mswati III.

---

**34<sup>th</sup> Health Ministers' Conference**  
**22-26 October 2001, Dar es Salaam, Tanzania**

**Resolutions of the 34<sup>th</sup> Health Ministers' Conference**

**Preamble**

The 34<sup>th</sup> Regional Health Ministers Conference (34<sup>th</sup> RHMC) was held at Sea Cliff Hotel, Dar es Salaam, Tanzania from 22-26 October 2001. Ministers' of Health and Senior Officials attended it from East, Central and Southern Africa and representatives of regional and international organizations. His Excellency Benjamin William Mkapa, President of the United Republic of Tanzania, inaugurated the Conference.

The theme of the Conference was **“Strengthening Health Systems: Challenges and priorities in East, Central and Southern Africa”**.

Sub-themes focussed on:

- The stewardship role of government in the provision of health services
- Health Sector Reform
  - National Health Accounts
  - Hospital Autonomy
  - Efficiency and Equity
  - Human Resources Management
- Quality improvement and quality Assurance
- Strengthening the HIV/AIDS Health Sector Response
  - Regional HIV/AIDS strategy
  - Prevention, Care and support for people living with HIV/AIDS
  - Resource mobilization

The Conference adopted five resolutions as follows:

Resolution 1: Strengthening Health Systems

Resolution 2: Resources Mobilisation for Strengthening Health Systems

Resolution 3: Human Resource for Health

Resolution 4: Bio-terrorism

Resolution 5: Expression of Appreciation to the Government and people of the United Republic of Tanzania

**Resolution 1: Strengthening Health Systems**

**The 34<sup>th</sup> Regional Health Ministers Conference,**

- Recognizing the need to strengthen and improve health systems throughout the East, Central and Southern Africa (ECSA), particularly in light of the challenges of the HIV/AIDS pandemic and other poverty related diseases including malnutrition,
- Noting the significant health accomplishments of Member States, which were, outlined at the 34<sup>th</sup> Regional Ministers Conference, in such key areas as quality assurance improvement, public and private partnership and policy and strategy formulation,
- Acknowledging that a significant proportion of health services within the ECSA region are provided by Non-Governmental Organisations,

## **1. Urges Member States to:**

- i. Institutionalise quality assurance at the provider, organizational and institutional level
- ii. Provide lower cost, quality drugs through regional group activities
- iii. Strengthen South to South technical cooperation and human resource development, particularly between Member States
- iv. Enhance collaboration with NGOs in policy formulation to promote more effective partnerships
- v. Address equity issues in all policy, planning and development programs to assure access to appropriate health services as a basic human right.

## **2. Urges CRHCS to:**

- i. Facilitate the institutionalisation of National Health Accounts (NHA) in Member States of ECSA
- ii. Develop appropriate strategies and regional approaches to share and support implementation of Best Practices to strengthen health systems of Member States

## **Resolution 2: Resource Mobilization for Strengthening Health Systems**

### **The 34<sup>th</sup> Regional Health Ministers Conference**

- Deeply concerned about the continued poor performance of the economies of ECSA Member States,
- Further concerned about the inadequate resources available to the Health Sector for strengthening health systems,
- Noting that most Member States spend between 4-10% of the National budget on Health,
- Commending the African Heads of State for the April 2001 Abuja declaration in which they pledged to set a target of allocating at least 15% of their national budget to the improvement of the health sector
- Aware that non-communicable diseases (NCDs) are now a major public health problem in many countries,
- Recognizing the devastating impact of the HIV/AIDS pandemic on health systems and resource availability,

**1. Approves** the Regional HIV/AIDS Strategy for East, Central and Southern Africa (incorporating comments and inputs of the 34<sup>th</sup> Regional Health Ministers' Conference)

## **2. Urges Member States to:**

- i. Increase the budget allocation to the health sector to at least 15% in accordance with the Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases
- ii. Prepare plans and budgets to enable Member States to access the Global Health Fund and other sources of funds for HIV/AIDS, Malaria, TB, and other priority health problems
- iii. Identify health-financing approaches that are relevant and appropriate for scaling up
- iv. Strengthen prevention and control of non-communicable diseases (NCD) programmes.

## **3. Urges CRHCS to:**



- i. Collaborate with other partners at national, regional and international levels in advocating for more resources for ECSA Member States
- ii. Provide technical support to Member States to prepare plans and budgets to access the Global Health Fund
- iii. Document and disseminate best practices in relevant and appropriate health care financing approaches
- iv. Mobilise resources to implement the HIV/AIDS strategy
- v. Assist Member States to develop capacity to access funds from the Highly Indebted Poor Countries ((HIPC) initiative,
- vi. Advocate for similar concessions for countries which do not qualify for the HIPC initiative
- vii. Document the extent of NCDs in ECSA Member States and identify best practices for dissemination.

### **Resolution 3: Human Resources for Health**

#### **The 34<sup>th</sup> Regional Health Ministers' Conference**

- Concerned that Human Resources for health in Member States are insufficient in terms of numbers and mix of skills because of internal and external migration,
- Realizing that disparities in remuneration and conditions of service are largely responsible for the increasing mobility,
- Aware of the critical role of human resources in the performance of health systems,
- Underscoring the need to protect the human rights of health professionals, who emigrate,

#### **1. Urges Member States to:**

- i. Develop a memorandum of understanding between Member States to harmonise, professional, educational and training standards in the region,
- ii. Establish a mechanism to facilitate the exchange of health expertise among Member States in the region and beyond,
- iii. Consider training higher numbers of middle level health professionals such as clinical officers and nurse practitioners to mitigate the effects of the movement of the highly mobile higher and specialised cadres,
- iv. Improve conditions of service for health professionals,
- v. Ensure protection of human rights and provision of favourable working conditions for health professionals who emigrate.

#### **2. Urges CRHCS to:**

- i. Document the extent of the problem of brain drain in the region and facilitate the exchange of information and experiences
- ii. Collaborate with regional and international agencies in advocating for the development of compensatory mechanisms for Member States that are severely affected by the brain drain,
- iii. Facilitate the establishment of a database of available human resources for health in the region.

### **Resolution 4: Bio-terrorism**

### **The 34<sup>th</sup> Regional Health Ministers' Conference,**

- Noting with concern the recent outbreaks of anthrax in the United States of America which appear to have been deliberately spread,
- Recognizing the vulnerability of the ECSA region to bio-terrorism
- Further noting with concern the risk posed by still existing stockpiles of microbes such as the Smallpox Variola viruses

#### **1. Urges Member States to:**

- i. Collaborate with WHO in strengthening surveillance systems to prepare for any eventualities
- ii. Ensure availability of essential commodities such as pharmaceuticals, equipment, and other supplies which may be needed in case of any bio-terrorism
- iii. Strengthen laboratory diagnostic capacity to undertake the necessary investigations
- iv. Share information on any outbreaks with other Member States, CRHCS and other agencies
- v. Urges Member States to be vigilant in order to prevent re-introduction of smallpox and other infectious diseases.

#### **2. Urges CRHCS to:**

- i. Collaborate with regional and international agencies to gather all necessary information on issues of bio-terrorism and avail it to Member States,
- ii. To explore the possibility of developing a regional strategy on infectious diseases,
- iii. Urge international organizations such as WHO to insist on destruction of all remaining stocks of smallpox variola virus or if this is not possible, ensure availability of vaccines.

### **Resolution 5: Expression of Appreciation to the Government and People of the United Republic of Tanzania**

#### **The 34<sup>th</sup> Regional Health Ministers' Conference,**

- Noting with appreciation the acceptance by the Ministry of Health of the United Republic of Tanzania to host the 34<sup>th</sup> Regional Health Ministers' Conference,
  - Aware of the extensive preparations that have gone into hosting these activities,
  - Grateful for the very warm hospitality accorded to the Ministers' and their delegations,
  - Appreciating the excellent arrangements made by the Government and people of the United Republic of Tanzania,
- i. Wishes to express thanks to the Government and people of the United Republic of Tanzania,
  - ii. Requests the Minister of Health of the United Republic of Tanzania to convey the gratitude of the Ministers and delegates to His Excellency Benjamin William Mkapa, The President of the United Republic of Tanzania.

## **36<sup>th</sup> Health Ministers' Conference** **18-22 November 2002 Entebbe, Uganda**

### **Resolutions of the 36<sup>th</sup> Health Ministers' Conference**

#### **Preamble**

The 36<sup>th</sup> Regional Health Ministers' Conference (36<sup>th</sup> RHMC) was held at Imperial Botanical Beach Hotel, Entebbe Uganda from 18<sup>th</sup> – 22<sup>nd</sup> November 2002. Ministers of Health and Senior Officials from East, Central and Southern Africa and representatives of regional and international organizations attended the Conference, which was inaugurated by His Excellency, Yoweri Kaguta Museveni, President of the Republic of Uganda.

Hon. Brig. Jim K. Muhwezi, Minister of Health, Republic of Uganda was elected as the Conference Chairperson and Hon. Dr. Brian Chituwo, minister of Health Republic of Zambia was elected as the Vice-Chairperson.

The theme of the Conference was "Improving Equity, Efficiency and Quality of Health Services in East, Central and Southern Africa".

#### **Sub-themes focused on:**

- Equity of access to health care
- Efficiency of health services: the challenges of scaling up health interventions
- Equitable access to care, treatment and support for people living with HIV/AIDS, TB and Malaria
- Quality of health services
- Major challenges and their impact on equity, efficiency and quality of health services: HIV/AIDS, Reproductive Health, TB, malaria, nutrition and Non-Communicable Diseases

The Conference approved and adopted the following seven resolutions:

Resolution 1: CRHC Strategic Plan and Institutional Reforms

Resolution 2: HIV/AIDS

Resolution 3: Family Planning, Reproductive Health and Child Health

Resolution 4: Malaria Prevention and Control

Resolution 5: Nutrition

Resolution 6: Non-Communicable Diseases in ECSA

Resolution 7: Expression of Appreciation to the Government and People of the Republic of Uganda

#### **Resolution 1: CRHC Strategic Plan and Institutional Reforms**

##### **The 36<sup>th</sup> Regional Health Ministers' Conference,**

Recognizing the need for institutional reforms in the community for purposes of enhancing institutional performance and noting the significance of a new strategic direction for the community

**Approves and adopts** the report of the Task Force on CRHC institutional reforms and the draft updated Strategic Plan for the Community.

**Urges the Advisory Committee and the Secretariat** to implement the recommendations contained in the report of the task force on CRHC institutional reforms including the change of name of the community from “Commonwealth Regional Health Community for East, Central and Southern Africa” to “East, Central and Southern Africa Health Community”.

**Urges the Secretariat to:**

- i. Finalize the draft updated CRHC Strategic Plan
- ii. Establish mechanisms for reporting on progress made on the implementation of resolutions passed by the RHMC.
- iii. Strengthen mechanisms for coordination of regional activities involving regional organizations such as WHO, SADC, EAC and AU

**Resolution 2: HIV/AIDS**

The 36<sup>th</sup> Regional Health Ministers’ Conference,

- Recognizing the continued severity of the HIV/AIDS pandemic in the Member States, noting the efforts by Member States in responding to the challenge through establishment of National AIDS Councils/Commissions (NACs) to coordinate the multi-sectoral response to the epidemic and AIDS Control Programmes (ACP) in the Ministries of Health.
- Further noting that the implementation and coordination roles of the above are not completely clear and that this could hamper national responses to HIV/AIDS,

**Urges Member States to:**

- i. Facilitate regular consultations between NACs and ACPs in the Ministries of health with participation of partners such as UNAIDS, WHO-AFRO, AED/SARA, USAID, within each country to: re-examine and further clarify roles and functions and redefine mechanisms for co-ordination and implementation.
- ii. Develop/strengthen HIV/AIDS Strategic and Action Plans in all sectors, according to respective mandates, including Health, With facilitation and support by NACs.
- iii. Enable NACs to regularly monitor, review and disseminate information on resource mobilization, allocation and effective utilization, categorized according to sectoral and thematic interventions.
- iv. Develop national policies, guidelines, and standards to support the implementation of Voluntary Counselling and Testing programmes and scale up the response to HIV/AIDS.

**Urges CRHCS and its partners to:**

- i. Facilitate the review, compilation and adoption of core indicators for monitoring and evaluation of the responses by Member States in line with existing national, regional and global sets of indicators (e.g. the harmonized WHO/UNAIDS/USAID indicators) and in accordance with the UNGASS obligation.
- ii. Develop a mechanism to regularly document progress in implementing relevant resolutions
- iii. Support and advocate for harmonization of guidelines for training, counselling, testing, and quality assurance for VCT in ECSA and possible recognition of counselling as a profession in its own right, including the development of career paths.

- iv. Continue exploring the possibility of pooled procurement of HIV/AIDS related drugs for the region and advocate for greater regional coordination and harmonization of policies, regulations, pharmaceutical trade and procurement laws
- v. Develop/review Anti-Retro Viral (ARV) therapy treatment guidelines and a regional formulary for HIV/AIDS-related drugs.

### **Resolution 3: Family Planning/Reproductive Health and Child Health**

#### **The 36<sup>th</sup> Regional Health Ministers' Conference,**

- Concerned about the high maternal morbidity and mortality and the high infant and neonatal deaths in the region. Further concerned that resources for scaling up Reproductive Health care and child survival from various partners are inadequate.
- Aware of the benefits of Family Planning and other related reproductive health services like emergency obstetric care and the integrated management of childhood illnesses (IMCI).
- Noting that opportunities exist for integrating HIV/AIDS interventions and reproductive health.

#### **Urges Member States to:**

- i. Promote cost effective interventions such as family planning and emergency obstetrics care.
- ii. Advocate for allocation of additional resources for supporting implementation and scaling up of cost effective interventions.
- iii. Strengthen systems to ensure adequate supply of contraceptives vaccines and other related RH commodities.
- iv. Promote the integration of Family Planning and HIV/AIDS services
- v. Strengthen child survival and development programmes such as IMCI
- vi. Strengthen coordination and collaboration of various partners working in RH.

#### **Urges CRHCS to:**

- i. Work in collaboration with WHO, UNFPA, UNICEF, and other partners to advocate for additional resources for child survival programmes, Reproductive health interventions such as emergency obstetric care and family planning.
- ii. Promote research and sharing of experiences and lessons learnt in implementation of cost effective Reproductive health and child survival interventions.
- iii. Work in collaboration with WHO and other partners to strengthen the monitoring and evaluation of child survival and reproductive health interventions in Member States.

### **Resolution 4: Malaria prevention and Control**

#### **The 36<sup>th</sup> Regional Health Ministers' Conference,**

- Deeply concerned about the high morbidity and mortality caused by malaria in the region, acknowledging the existence of policies and strategies to reverse the situation in many ECSA countries where malaria is of public health concern.

- Further concerned that some effective vector control measures for the prevention and control of malaria have not been adopted by Member States. And further concerned about increasing resistance to conventional drug therapy and the high costs of alternative effective combination therapies.

**Urges Member States to:**

- Advocate for the use of effective insecticides such as DDT for vector control in Member States in the region.
- Constantly monitor drug resistance patterns and review the drug protocols as appropriate.

**Urges Secretariat to:**

- Document better practices and lessons learnt in malaria prevention and control.
- Disseminate relevant information on malaria prevention and control including effective insecticides for vector control.

**Resolution 5: Nutrition**

The 36<sup>th</sup> Regional Health ministers' Conference

- Deeply concerned about the high malnutrition rates in the region and transmission of HIV from Mother to Child,
- Further concerned about frequent droughts and food shortages and noting the inadequacy of monitoring, early warning and surveillance systems,
- Noting some critical gaps in research and programming relating to the efficacy of drugs and certain micronutrients in the management of HIV/AIDS,
- Underscoring the need to forge stronger partnerships with UNICEF, UNAIDS, WHO and other Agencies in an effort to reduce the transmission of the virus from Mother to Child and to improve macro and micronutrient status,

**Urges Member States to:**

- Strengthen Prevention of Mother to Child Transmission (PMTCT) programmes by integrating PMTCT issues into existing programmes addressing HIV/AIDS and Nutrition.
- Review policies and programmes to ensure optimum care and support of mother and child
- Strengthen operational research on PMTCT
- Strengthen growth monitoring, early warning and nutrition surveillance systems

**Urges CRHCS to:**

- Strengthen partnerships with other Agencies that address PMTCT to develop and disseminate clear guidelines on feeding options in the context of HIV.
- Advocate for harmonization of guidelines for training, care, support and counselling in Nutrition, HIV and PMTCT

- iii. Collaborate with other sectors and organizations for possible fortification of commonly consumed foods with key micronutrients
- iv. Liaise with International Atomic Energy Agency to explore the use of isotopes and nuclear technology to assess, monitor and evaluate nutrition programmes especially in the context of HIV/AIDS.

## **Resolution 6: Non-Communicable Diseases (NCDs) in East, Central and Southern Africa**

### **The 36<sup>th</sup> Regional health Ministers' Conference**

- Concerned about the increasing incidence of NCDs in the region and aware that in some Member States the situation of NCDs has reached epidemic proportions and are the leading causes of morbidity and mortality,
- Further concerned about the impact of NCDs on quality of life and productivity of individuals and communities and recognizing the importance of prevention and control of NCDs and the need to address their risk factors,
- Underscoring the importance of a regional approach in addressing NCDs:

#### **Urges Member States to:**

- i. Conduct the situational analysis on NCDs,
- ii. Strengthen the prevention and control through health promotion, care and treatment programmes,
- iii. Institute surveillance measures through continuous data collection, analysis and dissemination,
- iv. Advocate for appropriate legislative measures to curb the risk factors,
- v. Mobilize and allocate additional resources for NCD programmes

#### **Urges CRHCS to:**

- i. Strengthen collaboration among Member States and other partners for effective prevention, management and control of NCDs,
- ii. Create a regional data base on NCDs,
- iii. Document and disseminate better practices and lessons learnt.

## **Resolution 7: Appreciation to the Government of Uganda**

- Noting with appreciation the acceptance by the Ministry of Health of the Republic of Uganda to host the 36<sup>th</sup> Regional Health Ministers' Conference,
  - Aware of the extensive preparations that have gone into hosting these activities,
  - Grateful for the very warm hospitality accorded to the Ministers and their delegations,
  - Appreciating the excellent arrangements made by the Government and people of the delegations, appreciating the excellent arrangements made by the Government and people of the Republic of Uganda,
- i. Wishes to express thanks to the Government and People of the Republic of Uganda,
  - ii. Request the Minister of Health of Republic of Uganda to convey the Gratitude of the Ministers and delegates to His Excellency Yoweri Kaguta Museveni, The president of the Republic of Uganda.

---



**38<sup>th</sup> Health Ministers' Conference**  
**17 -21 November 2003, Livingstone, Zambia**

**Resolutions of the 38<sup>th</sup> Health Ministers' Conference**

**Preamble**

The 38<sup>th</sup> Regional Health Ministers' Conference (38<sup>th</sup> RHMC) took place between 17 – 21 November 2003 at the Zambezi Sun Hotel, in the southern city of Livingstone, Republic of Zambia. The Conference was formally inaugurated by His Honour, the Vice President of the Republic of Zambia, Honourable Dr Nevers Mumba, MP and attended by Health Ministers and their delegations comprising senior officials from East, Central and Southern Africa (ECSA), representatives of regional and international organizations as well as development agencies.

During the Conference, Hon. Dr. Brian Chituwo, Minister of Health, Republic of Zambia was elected the Conference Chairperson while Hon. Dr. David Parirenyatwa, Minister for Health and Child Welfare, Zimbabwe was elected the Conference Vice Chairperson.

The central theme of the 38<sup>th</sup> RHMC was **“Strengthening and Scaling up Health Interventions in ECSA: The Central Role of Human Resources for Health”**.

The Conference approved and adopted the following six resolutions:

Resolution 1: Scaling up health interventions

Resolution 2: Health workers and Quality of health care

Resolution 3: Strategies for improving retention of health workers in ECSA

Resolution 4: Visionary leadership

Resolution 5: Amendment of the convention

Resolution 6: Expression of gratitude to the Government and People of the Republic of Zambia

**Resolution 1: Scaling up health interventions (RHMC 38/R1)**

**The 38<sup>th</sup> RHMC,**

- Deeply concerned about the growing burden of disease posed by HIV and AIDS, TB, Malaria and other conditions such as reproduction ill health and Non Communicable Diseases (NCDs) on the region;
- Recognizing the adverse socio-economic costs of this heavy burden of avoidable ill health and premature death, especially among the poorest and marginalized people;
- Concerned that the majority of patients do not have access to appropriate treatment and care for HIV and AIDS, TB, Malaria, Reproductive health ill health and NCDs;
- Noting that resources for HIV and AIDS, TB and Malaria are inadequate and further noting that the ECSA region is not on target to reach the health expenditure commitments made in the Abuja Declaration;
- Underscoring the crucial role of human resources for health in scaling up health interventions including HIV and AIDS prevention, treatment, care and support;

**Urges Member States to:**

- a) Develop/strengthen plans for scaling up health interventions including Anti Retroviral Therapy (ART), Malaria, TB prevention and control and reproductive health and child survival;
- b) Increase the percentage of public spending on health towards the 15% of national budgets as pledged by Heads of State in the Abuja declaration of April 2001;
- c) 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;
- d) Explore options for utilizing expertise of traditional medicine in improving access to health care;
- e) Invest in national and regional pre-service training to increase Human Resource (HR) supply of core service providers essential for scaling up;
- f) Introduce flexible scopes of professional practice to enable health workers to take on additional functions, increase productivity, improve service delivery and minimize costs;
- g) Conduct a national stakeholders forum on the Human Resources for Health (HRH) crisis to strengthen the evidence base on the magnitude and consequences of the crisis and make a strong case for investing in human capacity development as an essential prerequisite for scaling up and improving health outcomes.

**Urges CRHCS to:**

- a) Provide technical and strategic support to Member States to develop their plans and strategies scaling up health interventions;
- b) Assist Member States to develop human resources for health situational analyses;
- c) Document and disseminate better/promising practices and tools in scaling up health interventions and HRH supply and retention strategies.

**Resolution 2: Health Workers and Quality of Health Care (RHMC 38/R2)**

**The 38<sup>th</sup> RHMC,**

- Aware of the poor quality of health care provided in most countries in the region;
- Deeply concerned about the insufficient numbers of health workers and the inadequate skill mix in many health facilities in Member States;
- Concerned about the fact that many health workers are ill-motivated because they are overworked, underpaid, insufficiently valued, poorly supervised and managed and working under inadequately equipped health settings;
- Further concerned that health workers have limited career growth and personal development opportunities within the public service;
- Acknowledging the direct relationship between poor quality of care in facilities and adverse conditions of service of the health workers;
- Acutely aware of the need to improve and strengthen collaboration amongst regional bodies such as AMCOSA, ECSACON that deal with issues of quality, standards of health services and safe practice.

**Urges Member States to:**

- a) Adopt a comprehensive and systematic long term approach to dealing with the HRH crisis in tandem with strategies to improve quality of care;

- b) Review training programs with a view to harmonize them and enhance quality of care and infection prevention and control;
- c) Provide adequate clinical/field supervision during training to improve the quality of health care;
- d) Ensure that regulatory bodies collaborate with relevant institutions to put in place high quality continuing medical education programmes and mechanisms that are linked to annual registration and renewal of licenses to practice.

**Urges CRHCS to:**

- a) Facilitate the harmonization of relevant training courses in the region to improve management and utilization of human resources for health across the region;
- b) Facilitate the cooperation of medical councils, nursing councils and other regulatory bodies in harmonizing accreditation and registration of health workers across the region;
- c) Develop and disseminate a directory of training institutions in the region.

**Resolution 3: Improving Retention of Health Workers (RHMC 38/R3)**

**The 38<sup>th</sup> RHMC,**

- Deeply concerned about the growing evidence of attrition of health workers reaching unprecedented levels due to the combined effects of the search for greener pastures locally, regionally and overseas, civil service retrenchment, voluntary retirement, and the absenteeism, illness and death primarily due to AIDS;
- Recognizing the impact of the adverse terms and conditions of service for health workers and other “push” factors that fuel attrition and out migration of experienced health professionals;
- Aware of the current window of opportunity in terms of regional and international organizations interest to address the HRH crisis;
- Cognizant of the fact that the Commonwealth Code on ethical recruitment of health workers is not legally binding;
- But aware of the value and importance of sharing human resources and expertise within the ECSA region

**Urges Member States to:**

- a) Use data and information to develop an evidence-based strategy to advocate for fair salaries and compensation benefits for health workers;
- b) Collate and compile evidence on the benefits of de-linking health workers from the civil service and the establishment of Health service commissions or Boards to plan and manage human resources for health;
- c) Develop and sign legally binding agreements with other governments in the region and overseas regarding migration of human resources from the region, especially relating to aspects of ethical recruitment and compensatory arrangements;
- d) Put in place strategies and mechanisms to improve the value placed on health workers, and improve motivation and retention as a matter of priority;
- e) Encourage donors and cooperating partners to support human resource needs of Member States;
- f) Incorporate human capacity development needs in future proposals for funding from sources such as the Global Funds and related aid instruments

- g) Develop and implement HIV and AIDS work place prevention programmes for health workers.

**Urges CRHCS to:**

- a) Document and disseminate current best practices and guidelines on legally binding agreements among Member States and developed nations on the ethical recruitment of human resources;
- b) Produce and disseminate information on the various strategies and options including financial and non-financial incentives on staff motivation and retention;
- c) Collaborate with WHO and other international agencies involved in human resources for health development in the region to ensure complementary actions towards addressing the HRH crisis.

**Resolution 4: Visionary Leadership (RHMC 38/R4)**

**The 38<sup>th</sup> RHMC,**

- Deeply aware of the need for inspirational leadership and stewardship from government actors and other players at all levels of the health system to give priority and visibility to health;
- Aware of the opportunities provided by the current interest in HR for Health including the recent declaration of the Year 2004 as year of HR by the AU Heads of States and Governments;
- Recognizing the direct co-relation between good leadership and management practices and effective health care delivery and the examples of positive results associated with sustained and effective leadership and commitment in fighting diseases such as HIV and AIDS in the region;

**Urges Member States to:**

- a) Provide effective political and technical leadership in the health sector;
- b) Utilize existing training facilities to provide ongoing team building and leadership development programmes for policy makers, planners, programme managers and health facility management teams;
- c) Critically analyze the role of human resource planning and management and improve Human Resource and Management Systems (HMR) and practices;
- d) Uphold the principles of transparency, merit, experience and competence in appointments to positions of leadership and management in the health sector;
- e) Invest in leadership development and advance preparedness for key policy making positions in the health sector.

**Urges CRHCS to:**

- a) Identify and disseminate information pertaining to regional leadership development courses and programmes for health professionals;
- b) Coordinate a regional retreat for Ministers in team building and leadership development;

- c) Expand the mandate and terms of reference of the inter-ministerial task force on resource mobilization to include provision of effective leadership in addressing common health priorities.

**Resolution 5: Amendment of the CRHC Convention (RHMC 38/R5)**

**The 38<sup>th</sup> RHMC,**

- Recognizing that the Conference adopted the amendments to the existing Convention as proposed by the Working Group of Legal Experts but subject to each member state's mode and procedure for signifying approval for such amendments;
- Further recognizing that the Conference also adopted the proposed draft amendments to the Standing Orders for both the Conference and the Advisory Committee;

**Urges Member States to:**

- Signify their approval to all the amendments to the Convention at the May 2004 Conference of Health Ministers after the necessary consultations with their respective Governments.

**Resolution 6: Gratitude to the Government of the Republic of Zambia (RHMC 38/R6)**

**The 38<sup>th</sup> RHMC,**

- Noting with profound appreciation of the acceptance by the Ministry of Health of the Republic of Zambia to graciously host the 38<sup>th</sup> Regional Health Ministers Conference;
  - Deeply aware of the extensive and elaborate planning, coordination and preparations that went into all Conference activities;
  - Remaining forever grateful for the very warm hospitality extended to all Ministers and their delegations;
  - Appreciating the excellent arrangements that were put in place during the entire Conference period by the Government and People of the Republic of Zambia;
1. Wishes to express its gratitude to the Government and People of the Republic of Zambia
  2. Humbly requests the Minister of Health of the Republic of Zambia to convey the individual and collective gratitude of the Ministers and delegates to His Excellency Levy Patrick Mwanawasa, SC, President of the Republic of Zambia.
-

## **40<sup>th</sup> Health Ministers' Conference** **1 – 5 November 2004, Victoria Falls, Zimbabwe**

### **Resolutions of the 40<sup>th</sup> Health Ministers' Conference**

The 40<sup>th</sup> regional Health Ministers' Conference took place at Elephant Hills Hotel in Victoria Falls, Zimbabwe from the 1<sup>st</sup> to the 5<sup>th</sup> of November, 2004. It was inaugurated by the Vice President of the Republic of Zimbabwe, The Honourable Cde Dr Joseph W Msika and attended by Health Ministers from the ECSA Region, representatives of regional and international organizations as well as developmental agencies.

During the Conference, the Honourable Dr David Parirenyatwa, Minister of Health and Child Welfare was elected Conference Chairperson for 2004/5 and Honourable Charity K. Ngilu, Minister of Health of the Republic of Kenya was elected Conference Vice Chairperson.

The theme of the Conference was “30 Years of Collaboration: United in Overcoming Health Challenges”

The Conference approved and adopted the following five resolutions based on the main sub-themes of the Conference:

Resolution 1: Malaria

Resolution 2: Maternal and Child Health

Resolution 3: Human Resources for Health

Resolution 4: HIV and AIDS

Resolution 5: NCDs

Resolution 6: Expression of gratitude to the Government and the People of Zimbabwe

### **Resolution 1: Malaria prevention and control (RHMC 40/R1)**

#### **The 40<sup>th</sup> Regional Health Ministers' Conference,**

- Deeply concerned that malaria remains a major cause of morbidity and mortality in the region;
- Noting the DJCC recommendations that, amongst other things, recommended the local manufacture of vector control materials like ITNs and drugs for treatment of malaria;
- Mindful of the impact of malaria on the vulnerable groups particularly children and pregnant women;
- Aware that malaria prevention measures include vector control methods such as In-door Residual Spraying, use of Insecticide Treated Nets and Environmental Management;
- Whilst noting that for Indoor Residual Spraying, DDT when used within the restrictive WHO guidelines is effective;
- Noting that Member States have limited human resources for malaria prevention and control;
- Further noting that Member States are experiencing difficulties in procuring and making available appropriate drugs for the treatment of malaria in their populations;

#### **Urges Member States to:**

- a) Promote the use of effective vector control measures which may include Indoor Residual Spraying, Insecticide Treated Nets, larvicidal and environmental management or a combination of these measures. The use of DDT should be done within the WHO guide lines.
- b) Establish multi-skilled malaria control teams at provincial, district and lower levels as appropriate.
- c) Increase access to malaria prevention and treatment materials and medicines. Member States should ensure materials and medicines remain affordable by removing taxes, tariffs and other levies. Member States should promote local production of malaria prevention materials such as Insecticide Treated Nets and medicines.
- d) Mobilize resources for malaria prevention and treatment and ensure procedures for disbursing funds to the periphery are harmonized and simplified.
- e) Address the problem of sustainability of malaria treatment programmes by establishing surveillance systems for drug resistance and regularly review country-specific policies and treatment guidelines.

**Urges the Secretariat to:**

- a) Strengthen regional capacity to support country efforts in Malaria prevention and control.
- b) Advocate for increased access to malaria prevention and treatment materials and medicines through such mechanisms as removal of taxes, tariffs and other levies on malaria prevention and treatment materials and medicines.

**Resolution 2: Maternal and Child Health (RHMC 40/R2)**

**40<sup>th</sup> Regional Health Ministers Conference,**

- Deeply concerned about the persistently high maternal and child morbidity and mortality in most Member States;
- Aware of the limited access to affordable quality reproductive and child health services;
- Noting that HIV/AIDS, Malaria, acute respiratory infections and malnutrition contribute significantly to mortality of children under the age of 5 years;
- Acknowledging that the completion of secondary school by the girl child has a positive impact on her reproductive health outcomes;
- Noting that there is a major shift of focus and resources from reproductive and child health by most development partners;
- Recognizing that unsafe abortion continues to significantly contribute to maternal mortality;
- Reaffirming the commitment to Resolutions of the 32<sup>nd</sup> Regional Health Ministers' Conference on Safe Motherhood as well as the resolutions of the 36<sup>th</sup> Regional Health Ministers Conference on integration of Reproductive health and HIV/AIDS services and the World Health Assembly Resolution 57.1 which approved and adopted the Global Reproductive Health strategy in May 2004

**Urges Member States to:**

- a) Advocate for provision of adequate resources to ensure access to free primary and secondary level education, and reproductive health services for the boy and girl child.
- b) Strengthen political commitment to maternal and child health.
- c) Develop programmes that address child abuse

- d) Develop and implement child health programmes that address the needs of children infected and affected by HIV/AIDS and other vulnerable children.
- e) Strengthen quality assurance in the procurement, distribution and storage of commodities and drugs for reproductive health including maternal and child health.
- f) Determine the factors that contribute to persistently high maternal and under five mortality.
- g) Develop/implement policies that will ensure utilization of health services by the poor and disadvantaged
- h) Promote the integration of reproductive health and child health programmes with HIV/AIDS, malaria and TB programmes as appropriate for synergy.
- i) Strengthen Behaviour Change, Communication and family planning services for the prevention of unsafe abortion and manage abortion within existing laws of individual countries.

**Urges the Secretariat to:**

To work in collaboration with international partners to establish multidisciplinary task forces to work with countries in accelerating the reduction of maternal and child morbidity and mortality.

**Resolution 3: Human Resources for Health (RHMC 40/R3)**

**The 40<sup>th</sup> Regional Health Ministers' Conference,**

- Recalling the resolutions of the 38<sup>th</sup> Regional Health Ministers' Conference in November, 2003 in Livingstone, Zambia which focused on health workers and quality of health care and improving retention of health workers;
- Aware that the HIV and AIDS pandemic negatively on delivery of quality health services;
- Recognizing that the performance of health professionals is a reflection of their training, training environment, management and practices within the health care setting;
- Noting that in general there are no effective human resource information systems that provide accurate data for human resource planning and development in the region;

**Urges Member States to:**

- a) Define human resource needs and come up with standards and staffing patterns for the different levels of health service delivery which should be documented and shared
- b) Develop or strengthen and implement HR policies and strategies taking into account the macro-economic factors which influence national health policies.
- c) Promote and support appropriate and innovative approaches to training of health professionals
- d) Develop and implement effective human resource management systems
- e) Promote the retention of health professionals through improving the conditions of service and addressing safety at work and the workforce health programmes
- f) Establish human resources units for effective management of human resources.
- g) Support career development for all levels of health workers such as nursing assistants, nurses and midwives, allied health professionals, nutritionists and doctors
- h) Ensure availability of well trained health economists within ministries of health to strengthen planning, resource allocation and management.

**Urges ECSA Secretariat to:**



- a) Support Member States in the development of HR policy, and Management information systems
- b) Strengthen regional training capacities, identify and recognize centres of excellence and promote their utilization by Member States.

#### **Resolution 4 – HIV/AIDS and TB: Scaling up interventions (RHMC 40/R4)**

##### **The 40<sup>th</sup> Regional Health Ministers Conference,**

- Concerned about the devastating impact of HIV/AIDS and TB on health systems and the increasing number of deaths caused by HIV/AIDS and TB in the ECSA region;
- Further concerned about the alarming increase of the number of orphans in many Member States;
- Aware that effective treatment to prolong the life of people living with AIDS is available in the ECSA region and that substantial resources are required to scale up treatment and care programmes;
- Underscoring the importance of a proper coordination of HIV/AIDS programmes through the three ones: one coordination unit, one strategic planning framework, and one monitoring and evaluation system;

##### **Urges Member States to:**

- a) Review existing national HIV/AIDS/TB policies, programmes and strategies and accelerate provision of ARVs, VCT, PMTCT services
- b) Promote and support TB and HIV/AIDS programme collaboration
- c) Ensure provision of a comprehensive HIV/AIDS care and to include nutrition
- d) Advocate for affordable Paediatric HIV/AIDS and TB diagnostic kits and drug formulations to be produced by local and international pharmaceutical companies
- e) Strengthen and improve health care delivery systems including human resource capacities to support scaling up of HIV/AIDS and TB prevention, care and treatment.
- f) Develop mechanisms for pooled procurement of drugs and health related supplies.

##### **Urges the Secretariat to:**

- a) Facilitate HIV/AIDS and TB programme collaboration within Member States.
- b) Promote pooled procurement of drugs and health related commodities in the region.
- c) Document and disseminate better practices in HIV/AIDS and TB prevention, treatment, care and support.
- d) Support Member States efforts to strengthen human resource capacity to scale up HIV/AIDS and TB prevention, treatment, care and support through such avenues as specialized training.

#### **Resolution 5 – Non-Communicable Diseases (NCDs) in East, Central and Southern Africa (ECSA) (RHMC 40/R5)**

##### **The 40<sup>th</sup> Regional Health Ministers Conference,**

- Aware of the increasing burden of NCDs in the region and its impact on health systems;

- Recalling resolution number 6 (RHMC 36/R6) of the 36<sup>th</sup> Regional Health Ministers' Conference which held in Entebbe, Uganda; which among other things, calls upon Member States to conduct situational analysis on NCDs, strengthen prevention and control through health promotion, care and treatment programmes, and institute surveillance measures through continuous data collection analysis, and dissemination and advocate for appropriate legislative to curb the risk factors.

**Urges Member States to:**

- a) Appoint NCD focal persons.
- b) Enlist the support of the media as a major partner in the promotion of healthy lifestyles.
- c) Ratify the Framework Convention for Tobacco Control (FCTC)

**Urges ECSA Secretariat to:**

- a) Strengthen the capacity health managers and other health professionals in NCD prevention and control
- b) Create a regional database on NCDs
- c) Document and disseminate better practices and lessons learnt
- d) Delegate Coordinator, Food and Nutrition Programme to be the NCDs focal point person.

**Resolution 6 - Expression of gratitude to the Government and the People of Zimbabwe (RHMC 40/R6)**

**The 40<sup>th</sup> Regional Health Ministers' Conference,**

- Noting with profound appreciation the acceptance by the Ministry of Health and Child Welfare of the Republic of Zimbabwe to graciously host the 40<sup>th</sup> Regional Health Ministers Conference;
  - Deeply aware of the extensive and elaborate planning, coordination and preparations that went into all conference activities;
  - Remaining forever grateful for the very warm hospitality extended to all Ministers and their delegations;
  - Appreciating the excellent arrangements that were put in place during the entire conference by the Government and people of the Republic of Zimbabwe;
1. Wishes to express its gratitude to the Government and the people of the Republic of Zimbabwe
  2. Humbly requests the Minister of Health and Child Welfare of the Republic of Zimbabwe to convey the individual and collective gratitude of the Ministers and delegates to His Excellency, Cde Robert Gabriel Mugabe, President of the Republic of Zimbabwe

## **42<sup>nd</sup> Health Ministers' Conference 6-11 February 2006 Mombasa, Kenya**

### **Resolutions of the 42<sup>nd</sup> Health Ministers' Conference**

The 42<sup>nd</sup> Regional Health Ministers' Conference took place at the Sun n Sand Hotel in Mombasa, Kenya from the 6<sup>th</sup> to the 11<sup>th</sup> of February 2006. It was inaugurated by the Vice President of the Republic of Kenya, The Honourable Moody Awori and attended by Health Ministers from the ECSCA Region, representatives of regional and international organizations as well as developmental agencies.

During the Conference, the Honourable Charity K. Ngilu, Minister of Health was elected Conference Chairperson for 2005/6 and Honourable Dr. Ntaba, Minister of Health of the Republic of Malawi was elected Conference Vice Chairperson.

The theme of the Conference was **“Scaling up Best Practices in health care in East, Central and Southern Africa”**

The Conference approved and adopted the following resolutions based on the main sub-themes of the Conference:

Resolution 1: Monitoring framework for implementation of RHMC Resolutions

Resolution 2: HIV/AIDS and TB

Resolution 3: Malaria Prevention and Control

Resolution 4: Human Resources for Health

Resolution 5: Resource Mobilization

Resolution 6: Alternative Health financing

Resolution 7: Donor Coordination

Resolution 8: Maternal New Born and Reproductive Health

Resolution 9: Social Determinants of Health

Resolution 10: Avian Influenza and Human Pandemic

Resolution 11: Non- Communicable Diseases

Resolution 12: Expression of gratitude to the Government and the People of Kenya

### **Monitoring framework for implementation of RHMC Resolutions (RHMC/42/R1)**

- Noting that monitoring and evaluation of implementation of resolutions passed at RHMCs and sharing of information among countries in the ECSCA region is generally weak;
- Concerned that most countries have no mechanism for following up resolutions made during the RHMC;
- Further noting that some Member States have not established country core groups as a mechanism for following up implementation of resolutions as directed by previous RHMCs;
- And concerned that skills, tools, equipment and weak electronic connectivity within and among ECSCA Member States is also a major hindrance to effective information sharing and communication,

### **The conference of Health ministers urges Member States to:**

1. Develop and or strengthen country level mechanisms to monitor and evaluate implementation of resolutions passed at RHMCs.
2. Strengthen information sharing within the countries and among the ECSCA Member States.

3. Ensure that country core groups are established and function as directed by previous RHMCs.

**The conference of Health ministers urges the Secretariat to:**

1. Develop a framework for monitoring the implementation of resolutions in collaboration with Member States
2. Promote effective sharing of information and experiences amongst members states

**HIV/AIDS and Tuberculosis (RHMC/42/R2)**

**R2.1 Universal access to HIV/AIDS core interventions (prevention, treatment, care and nutrition)**

- Concerned about the devastating impact of HIV/AIDS in the Region;
- Recalling Resolution number RHMC/40/R4 of the 40<sup>th</sup> Regional Health Ministers Conference held in November 2004 in Victoria Falls, Zimbabwe, on HIV/AIDS and TB;
- Noting the encouraging progress that has been made in scaling up HIV/AIDS interventions in the ECSA Region, including the 3 by 5 Initiative;
- Recognizing the need to utilize the lessons learnt and to build on the momentum of 3 by 5 Initiative to expand the success;
- Further recognizing the need to reinforce prevention, treatment and care towards attainment of Millennium Development Goal No 6;
- Noting the World Summit document of September 2005 on the need to develop and implement a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it,

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Allocate more resources, strengthen and implement policies and programmes towards universal access to HIV/AIDS prevention, treatment and care interventions, for all those who need them;
2. Promote nutritional care and support for people living with HIV/AIDS, particularly those on ART and affected families
3. Ensure community involvement, participation and ownership in these responses

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Advocate for mobilization of resources and facilitate sharing of country experiences and expertise across the Region, in support of scaling up of HIV/AIDS interventions towards Universal Access
2. Collaborate with partners to provide the necessary technical support to countries, including developing a framework for monitoring progress.

**R2.2 HIV Infection and Alcohol**

- Recognizing that an effective response to the HIV and AIDS epidemic must address the underlying social factors that drive risk behaviour, including poverty and the ways individuals cope.

- Concerned by the high percentage of people, including youth, who turn to alcohol to cope with societal, poverty-related stress and HIV- related anxiety
- Noting that excessive alcohol use increases vulnerability to HIV transmission reduces the efficacy of HIV medicines and reduces drug compliance.

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Incorporate issues related to alcohol in the national HIV/AIDS strategy and ensure that appropriate alcohol and HIV/AIDS policies, guidelines and programmes are in place.
2. Establish a regional and national technical working groups to spearhead the implementation of alcohol and HIV/AIDS programmes

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Conduct a situational analysis on policies, guidelines and programmes and legal frame works that exist in selected member countries and report back in the next conference
2. Collaborate with other partners to provide the necessary technical support to member countries.

### **R2.3 Routine HIV Testing and Counseling**

Recognizing the important role of HIV testing in prevention and treatment of HIV/AIDS.

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Strengthen existing routine testing and counselling policies and programs.
2. Initiate and scale up routine testing services by strengthening infrastructure for HIV testing, training more healthcare providers and improving supply chain management.

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Promote harmonization, adoption and implementation of RTC Policies and guidelines.
2. Collaborate with partners to provide technical assistance to Member States on procurement and supply chain management.

### **R2.4 Prevention of Mother to Child Transmission of HIV Infection**

- Recognizing that PMTCT coverage remains low in most of the Member States and noting that the main challenges in scaling up PMTCT services include inadequate human and material resources.
- Further noting that although most of the Member States have developed PMTCT comprehensive guidelines, very few countries have specific policies on PMTCT.
- Realizing that in most countries PMTCT services are currently provided without adequate linkages to other services such as ART.

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Scale-up the progress towards universal access to PMTCT services
2. Integrate PMTCT with ART programs and ensure continuum of care.
3. Develop and implement strategies that increase male participation in PMTCT services.

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Facilitate the sharing of best practices among Member States.

**R2.5 Development of an HIV vaccine**

Noting that vaccines have been demonstrated to be a useful tool in the control and eradication of communicable viral diseases such as smallpox and therefore a vaccine to prevent HIV transmission will be an additional tool to the comprehensive strategies for the prevention and control of the pandemic. Further noting that there has been little progress in the development of HIV vaccines,

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Place HIV vaccine research and development in the national and regional health agenda.
2. Develop national HIV vaccine plans for HIV vaccine research and development
3. Sustain political support and commitment including budgetary allocation to the development of HIV vaccines.

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Promote regional collaboration to strengthen regional scientific capacity for the development of HIV vaccines.

**2.6 Tuberculosis**

- Noting that 6 of the top 10 countries with the highest TB notification rates in Africa are in the ECSA region and that only two ECSA Member States have attained the regional and global targets for case detection and treatment success.
- Further noting that on average 35% of TB cases in the ECSA region are also HIV positive and only half of these have access to ART.
- Recalling resolutions by the WHO Regional Committee for Africa declaring TB an Emergency in the African Region and calling for Acceleration of HIV prevention in the African Region respectively; commitments of African Heads of State and Government on HIV/AIDS, TB and Malaria in Abuja; the 2005 commitments of AU Ministers of Health in Gaborone; the Millennium Development Goal targets for AIDS and TB control, and declarations of previous ECSA Conferences of Ministers on the urgent need to scale up the fight against AIDS, TB and other priority diseases.

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Fully endorse the 2005 WHO Regional Committee for Africa resolution by declaring TB a national emergency.
2. Rapidly scale up DOTS expansion best practices, especially public-private partnerships and community involvement in the delivery of TB control services
3. Scale up TB/HIV collaborative activities including HIV testing and ART to dually infected TB patients in the context of universal access.

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Collaborate with partners to develop and implement a framework for monitoring progress towards attainment of the Regional and Global TB control targets in ECSA Member States and report to the RHMC every year.

## **R2.7 Trade Related Aspects of Intellectual Property Rights (TRIPs) and Public Health**

Noting that there are many flexibilities in the TRIPs agreement that allow governments of developing and least developed countries to establish pro-health measures such as compulsory licensing, government use provisions and parallel importation to scale access to more affordable medicines and yet most countries in the region have not taken full advantage of these flexibilities.

### **The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Review their patent laws and amend them in line with the best options available in implementing the TRIPs agreement.
2. Fully utilize the flexibilities available within the TRIPs agreement and Doha declaration.
3. Carefully review the implications of TRIPs-plus obligations on access to essential medicines when negotiating bilateral and/or regional trade agreements.
4. Galvanize the existing opportunities to scale-up access to essential commodities for HIV and AIDS treatment and care.

### **The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Conduct training workshops for ministries of Health, Trade, Finance, Justice and other relevant stakeholders to facilitate better understanding of the TRIPs agreement.

## **Malaria Prevention and Control (RHMC/42/R3)**

- Deeply concerned that malaria remains a major cause of morbidity and mortality within the region, yet it is preventable and curable;
- Noting that malaria has a huge economic burden and continues to afflict many people in the region and especially children and pregnant women;
- Aware that vector control is a key strategy to reducing malaria transmission;
- Further noting that Indoor Residual Spraying (IRS) using DDT, controlled and even eradicated malaria in other regions of the world and that some countries using it in the Southern Africa region have achieved remarkable reduction in malaria transmission;
- Considering that the ITNs coverage in most countries of the region remains below the Abuja targets;
- Noting that the cost of Artemisinin based Combination Therapies (ACTs) currently recommended by WHO as 1<sup>st</sup> line treatment of malaria is still high for the majority of the people in the region;
- Reaffirming Resolution No.1 of the 40<sup>th</sup> RHMC of 2004 and Resolution No.4 of the 36<sup>th</sup> RHMC of 2002;

### **The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Scale up use of effective and appropriate vector control measures, which include Indoor Residual Spraying (IRS) using DDT, pyrethrin or other insecticides; Insecticide Treated Nets

(ITNs); larviciding; environmental management or a combination of these measures in conformity with WHO guidelines.

2. Promote local cultivation of artemisia annua and pyrethrum.
3. Promote the local production of insecticides such as pyrethrin for use in the prevention and control of malaria
4. Promote the local production of Long Lasting Insecticide treated Nets (LLINs) and ACTs.
5. Increase access to malaria prevention and treatment by removing taxes, tariffs, and other levies on malaria prevention and control commodities including yarn.
6. Regularly monitor the efficacy of recommended medicines and commonly used insecticides for vector control and share findings and experiences with other member countries.

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Facilitate the establishment of a quality assurance mechanism of recommended medicines and insecticides used for malaria prevention and control in the region.
2. Facilitate the sharing of country experiences.

**Human Resources for Health (RHMC/42/R4)**

- Noting that several recommendations made during previous RHMCs continue to be pertinent human resources issues that need full implementation and periodic evaluation;
- Acknowledging that HIV and AIDS pandemic adversely impacts on human resource and quality health care;
- Recognizing that adequate human resource is critical for the effective implementation of HIV/AIDS intervention;
- Recognizing that out-migration of scarce health professionals from the ECSA region is a growing problem, which continues to deplete the existing health care workforce;
- Recognizing that without accurate, current data for human resource policies, planning and management meaningful development in the region is difficult;

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Develop national systems of continuing professional development that promote on-the- job and team-based training
2. Develop a system for tracking continuing professional development.
3. Develop and strengthen innovative mechanisms for staff recruitment based on norms that are regularly reviewed.
4. Adopt a common position on compensation for health workers recruited by developed countries.
5. Adopt a common position on ethical recruitment of health workers.
6. Develop financial and non-financial strategies to encourage retention of health professionals.

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Facilitate harmonization of curricula for training health professionals.
2. Promote the establishment of centers of excellence for training of health professionals in the region.



3. Support member countries in conducting appropriate research on human resource for health e.g. in retention, effects of out-migration, workload studies and promote evidenced based best practices.
4. Facilitate the development of human resource information systems in Member States.
5. Develop guidelines for ethical recruitment and compensation for health workers.

## **RHMC/42/R5**

### **R5.1 Resource mobilization**

- Noting with concern that Member States are experiencing difficulties in utilization of donor funds due to the different financing mechanisms from different donors and other donor conditionalities;
- Further noting that the slow disbursement of donor funds is delaying implementation of programmes;
- Recognizing that Member States have functional existing financial mechanisms;
- Concerned that Ministries of Health are not fully aware of funds coming into the health sector from various donors

#### **The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Enter into contractual agreements that will only utilize existing country financial mechanisms in the context of the National Strategic Plan, in line with the “three-ones” principle; that is one national strategic plan, one coordinating mechanism led by the Government, and one monitoring and evaluation framework.
2. Strengthen mechanism for coordinating donor funds utilization in collaboration with the ministry of finance.
3. Develop mechanisms of capturing donor fund disbursement
4. Utilize resource tracking tools at national and district levels

#### **The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Support Member States to implement national health account for resource tracking at all levels.
2. Support member state to develop guidelines and criteria for equitable distribution of donor resources.

### **5.2 Improving access to drugs through coordinated informed buying**

- Recognizing that drugs and medical supplies are second to human resources for health as one of the most costly input in health services,
- Noting that pooled procurement of drugs and medical supplies increases access and affordability to health care services,
- Further noting that some Member States are using drug price monitoring systems to significantly cut down costs of health services,

#### **The 42<sup>nd</sup> Regional Health Ministers conference urges the Member States to:**

1. Increase efforts to monitor drugs and medical supplies prices in local and international markets
2. To establish sharing of drug price information to support coordinated informed buying

3. To strengthen drug management systems with special emphasis on procurement and logistics

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Accelerate the process of establishing coordinated informed buying web tool in development.
2. To collaborate with other partners such as the WHO, SADC, EAC and COMESA to effectively share information on existing drug price monitoring systems.

**Alternative health financing (RHMC/42/R6)**

- Recognizing that the public finances are not adequate to meet all the health care needs;
- Noting that more than 50% of the population in most ECSA Member States live on less than 1 US \$ a day;
- Further noting with concern that most households access health care through out-of-pocket payments leading to catastrophic spending at household level;
- Recognizing that donor funding can not guarantee sustainability of health care delivery

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Abolish user-fees for underprivileged and vulnerable groups in line with existing national policies.
2. Uphold Abuja Declaration to increase National Health budget to 15% of total government budget and work towards increasing the per capita spending on health according to WHO recommendation
3. 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

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Document and disseminate best practices among ECSA Member States.

**Donor coordination (RHMC/42/R7)**

- While acknowledging that they donor support is significant in financing health activities it noted with deep concern that there is lack of coordination of the multiple partners implementing health interventions which may result in duplication;
- Recognizing that there are many different donors active in the health sector in the region and their important role in the health sector;

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Develop and implement effective donor coordination mechanisms at country level
2. Monitor and track donor activities at all levels of implementation.
3. Adopt Sector -Wide Approach (SWAp) and direct budget support in the funding of health sector

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Document and disseminate best practices among ECSA Member States.

### **Maternal/Reproductive Health, New born and Child Health (RHMC/42/R8)**

- Aware of limited access to quality, sustainable, equitable, maternal/ RH, new-born and child health services;
- Aware of the critical role of male participation in access and utilization of maternal/RH, new-born and child health services;
- Recognizing the important role of mobilizing communities towards greater participation in improving maternal/RH and child health services;
- Reaffirming Resolutions 2 of the 40<sup>th</sup> RHMC, Resolution 3 of the 38<sup>th</sup> RHMC and Resolution 2 of the 32 RHMC including their commitment to the past relevant recommendations of the RHMC and international resolutions to which member countries are signatory to in their respective strategies;

### **The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Allocate more resources to ensure universal access to maternal/RH and child health services;
2. Strengthen and implement policies and programmes to:
  - a. Ensure universal access to safe delivery
  - b. Ensure universal access to quality maternal/RH and child health services
  - c. Ensure community participation and ownership in maternal/RH and child health services
  - d. Promote positive male involvement in maternal/RH and child health services
3. Review and strengthen legislation to effectively address gender based violence and sexual offenses especially against women and children
4. Establish mechanisms to enforce legislation to effectively address gender based violence and sexual offenses, especially against women and children;

### **The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Facilitate the documentation and sharing of best practices on establishment and enforcement of legislation on sexual offenses especially against women and children
2. Advocate for mobilization of resources for implementation of maternal/RH and child health services
3. Advocate for Member States to develop policies on, adapt and conduct regular maternal and perinatal audits and share best practices
4. Facilitate and support countries to establish maternal and perinatal audit databases
5. Facilitate sharing of country experiences on addressing the problem of unsafe abortion

### **Social Determinants of Health (RHMC/42/R9)**

- Deeply concerned that extreme poverty and lack of education are prevalent in nearly all Member States;
- Noting that the social determinants of health (conditions in which people live and work; including such factors as extreme poverty, sanitation, water, transport, lifestyle, low social capital of women and children, violence and the environment) are underlying causes of diseases;

- Recognizing the Alma Ata Declaration of 1978 calling for the primary health care approach and extolling the concept of “health for all by the year 2000 and beyond” and the adoption of primary health care policies in all ECSA Member States;
- Noting the ECSA health community emphasis on the adoption of the tenets of primary health care delivered in a multi-sectoral and multidisciplinary approach with individuals, families and community empowered to actively participate in their health and health care;
- Realising that the MDGs cannot be achieved without addressing the social determinants of health
- Recognizing that addressing the causes of ill health requires action across sectors and levels of government;

**The 42<sup>nd</sup> Regional Health Ministers conference urges Member States to:**

1. Express commitment from the highest level of government to scale up interventions on social determinants of health such as extreme poverty, water and sanitation, education, employment, social and physical environments;
2. Strengthen the links and coordination amongst ministries, civil societies and other stakeholders to put in place strategies and approaches that address the social determinants of health;
3. Allocate more resources to sectors that have a direct impact on social determinants of health
4. Uphold and ensure the right of all citizens to adequate housing, food, safe water and sanitation;
5. Promote universal access to a high quality primary health care systems with adequately funded infrastructures for health promotion, disease prevention and health protection;
6. Promote and maintain high quality public education systems and expand programs in early childhood education and care;
7. Develop programmes to reorient staff at all levels on PHC and to integrate action on social determinants into all health programmes
8. Address gender-based practices that negatively impact on health e.g. gender-based violence and discrimination, using a multi-sectoral and multidimensional approach;
9. To address alcohol abuse and other substance abuse as social determinants of health
10. Establish mechanisms such as multi-sectoral working groups including government, training institutions, and community organizations to prioritize areas of action on social determinants of health and to ensure the implementation of these resolutions
11. Plan, resource and implement a concrete programme of action in the region towards revitalizing primary health care and the thirty-year anniversary of Alma Ata in 2008.
12. Report every year on progress made in addressing social determinants of health

**The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. Document the extent to which social determinants of health are integrated in government policies and plans
2. Identify policy gaps, good practices and institutional mechanisms to strengthen primary health care and action on social determinants across all of government and make appropriate recommendations.
3. In partnership with the multi-sectoral working groups in Member States exchange information, experience, policy options and practices to support Member States to address the social determinants of health.

4. Collaborate with the WHO Commission on the Social Determinants of Health and its work programmes to strengthen policy and action on the social determinants of health.
5. Collaborate with WHO/AFRO to support countries address social determinants of health
6. Prepare and present a consolidated report of action taken in the ECSA region on the social determinants of health at every RHMC

### **Avian Influenza and Human Pandemic (RHMC/42/R10)**

- Recognizing the potential threat of Avian Influenza and Human Pandemic outbreak to life and economies in Africa,
- Noting that many countries in ECSA region have not yet developed Avian Influenza and Human Pandemic preparedness plans
- Further noting the close contact between human and domestic poultry and between domestic poultry and migratory birds that pass through the region,
- Noting with concern the high burden of diseases and the impact on the health systems,

### **The 42<sup>nd</sup> Regional Health Ministers conference urges the Member States to:**

1. Urgently finalize countries' Avian Influenza and Human Pandemic preparedness plans
2. Urgently operationalize emergency plans with main focus on disease surveillance.
3. Invest in strengthening laboratory capacities for diagnosis and research on Avian Influenza and Human Pandemic.
4. Review compensation laws applicable for culling birds in the event of an outbreak of Avian Influenza and Human Pandemic
5. Mobilize resources for Avian Influenza and Human Pandemic prevention and control

### **The 42<sup>nd</sup> Regional Health Ministers conference urges the Secretariat to:**

1. To facilitate raising awareness and knowledge on Avian Influenza and Human Pandemic within the region.
2. Collaborate with other organizations e.g WHO, FAO, IBAH to identify and support the establishment of regional reference laboratories for Avian Influenza and Human Pandemic.
3. Facilitate the sharing of best practices in Avian Influenza and Human Pandemic prevention and control among Member States.

### **Non- Communicable Diseases (NCDs) (RHMC/42/R11)**

- Noting that Africa is plagued with a high burden of infectious diseases and at the same time is experiencing a rapid emergence of non-communicable diseases.
- Further noting that according to WHO, in 2000, 59% of deaths in the world and 46% of the global burden of disease were due to NCDs and mental health and that chronic illnesses associated with NCDs account for almost 70% of all medical spending.

### **The 42<sup>nd</sup> Regional Health Ministers Conference urges Member States to:**

1. Strengthen/establish NCDs programmes and put them at the top of the health agenda in line with evidence-based information compiled through surveys, ongoing surveillance and evaluation.

2. Provide NCDs education and information
3. Promote healthy lifestyle activities to prevent NCDs
4. Allocate adequate resources/line budget for NCDs programmes.
5. Encourage the formulation of national strategic plans on NCDs.

**The 42<sup>nd</sup> Regional Health Ministers' Conference urges the Secretariat to:**

1. Strengthen the NCDs/Nutrition focal point within ECSA Secretariat.
2. Promote regional collaboration to strengthen regional scientific capacity on NCDs activities
3. Facilitate harmonized in-service short course training in NCDs.

**Expression of gratitude to the Government and the People of Kenya (RHMC/42/R12)**

- Noting with profound appreciation the acceptance by the Ministry of Health of the Republic of Kenya to graciously host the 42<sup>nd</sup> Regional Health Ministers Conference;
- Deeply aware of the extensive and elaborate planning, coordination and preparations that went into all conference activities;
- Remaining forever grateful for the very warm hospitality extended to all Ministers and their delegations;
- Appreciating the excellent arrangements that were put in place during the entire conference by the Government and people of the Republic of Kenya;

**The 42<sup>nd</sup> Regional Health Ministers conference:**

1. Wishes to express its gratitude to the Government and the people of the Republic of Kenya
  2. Humbly requests the Minister of Health of the Republic of Kenya to convey the individual and collective gratitude of the Ministers and delegates to His Excellency, Mwai Kibaki, President of the Republic of Kenya.
-

## 44<sup>th</sup> Health Ministers' Conference 12 - 16 March 2007 Arusha, Tanzania

### Resolutions of the 44<sup>th</sup> Health Ministers' Conference

#### Introduction

The 44<sup>th</sup> Regional Health Ministers Conference took place at the Arusha International Conference Centre from 12<sup>th</sup> –16<sup>th</sup> of March, 2007. The conference was officially opened by Hon. DR Mohammed Shein, the Vice president of the United Republic of Tanzania.

The meeting was attended by Hon Ministers of Health and senior officials from Member States, Health experts, and collaborating partners. The theme of the conference was “**Scaling up cost effective Interventions to attain the Millennium Development Goals**”.

The conference approved and adopted the following resolutions based on the sub themes of the conference:

Resolution 1: Maternal/Reproductive, Newborn and Child Health

Resolution 2: Scaling Up Cost Effective Malaria Control Interventions in ECSA Region

Resolution 3: HIV and TB

Resolution 4: Injury Prevention and Control

Resolution 5: Prevention and Management of Diabetes

Resolution 6: Enhancing the Performance of Health Systems to Accelerate Attainment of MDGs in ECSA Region

Resolution 7: Improving Human Resources for Health

Resolution 8: Monitoring and Evaluation

Resolution 9: Avian Influenza Preparedness and Response

Resolution 10: Control of Rift Valley Fever

Resolution 11: Injection safety

Resolution 12: Expression of gratitude to the Government and the People of United Republic of Tanzania

#### **Resolution 1: Maternal/Reproductive, Newborn and Child Health**

##### Preamble

- **Recognizing** the slow progress towards attaining the health related MDGS and concerned about the persistently high death rates of mothers, newborn babies and young children in the ECSA region;
- **Aware** that gender based violence and unsafe abortions are still rampant in the ECSA region;
- **Reaffirming** the commitment of the Member States of the African Union to ensure universal access to comprehensive sexual and reproductive health services;
- **Recalling** resolution number eight of the 42<sup>nd</sup> Regional Health Ministers' Conference held in Mombasa Kenya, which emphasized the need to strengthen and implement policies and programmes that promote reproductive and child health services;
- **Further noting** that many of the recommendations in resolution no. 8 of the 42<sup>nd</sup> Regional Health Ministers Conference are still pertinent and that they still need to be addressed.

##### **Member States are urged to:**

1. Increase financial resources to implement the Roadmap for Accelerated Reduction of Maternal and Newborn Morbidity and Mortality by increasing the national budget allocation for health to at least 12% of the national budget as a step toward achieving the 15% target of the Abuja Declaration by **2009**
2. Ensure that by the **end of 2008** they have adopted annual national maternal and child health days to further highlight issues relating to maternal and child survival and raise awareness about simple, evidence based and cost effective solutions to reduce neonatal, child and maternal death.
3. Address the relevant human resource crisis as a matter of urgency by :
  - a. Increasing the number of skilled birth attendants (e.g. nurse-midwives, physicians and others) by at least 5% and equitably distributing them across the health system;
  - b. Enhancing the competence of skilled birth attendants through training and reviewing policies to enable midlevel cadres to perform procedures and provide services including active management of third stage of labour.
  - c. Initiating outreach programmes to rural health facilities as a strategy to improve quality of health services and increase demand for health services
  - d. Initiating continuous quality improvement programmes to improve quality of maternal and child health services.
  - e. Ensuring that at least **60%** of appropriate health cadres have been trained to enhance their performance and improve quality of maternal and child health services.
4. Ensure that all health facilities have copies of policies, guidelines and service delivery standards and norms for maternal, newborn, and child health and further develop a plan to promote their utilization by end of **2008**.
5. Promote the integration of reproductive health and HIV care services in accordance with national guidelines within a period of **three years**.
6. Develop appropriate prevention and management programme for unsafe abortions
7. Develop or scale up implementation of adolescent health programs including addressing their sexual and reproductive health needs.

#### **ECSA Secretariat is urged to:**

1. Support capacity building interventions in the areas of advocacy, policy, strategy, and guidelines development, and strengthening of pre-service and in-service curricula within the **next two years**.
2. Institutionalize a regional revolving fund for bulk purchasing of vaccines and other non-pharmaceutical supplies within 2 years
3. Conduct studies to assess health workers competences and health systems factors impacting on maternal and newborn outcomes with a view to designing quality improvement interventions in at **least two** additional countries by the end of **2008**;
4. Conduct studies to assess financial barriers that hinder access to maternity and post-partum health care services in countries that have abolished cost sharing within **3 years**.
5. Offer technical support to member countries to enable them initiate continuous quality improvement programmes for maternal and child health services.
6. Advocate for support and mobilize resources to address issues related to maternal, neonatal and child survival

#### **Resolution 2: Scaling up cost effective Interventions in Malaria control in ECSA**

##### **Preamble**

- **Aware** that Malaria is the leading cause of morbidity and mortality in the ECSA region;
- **Noting** the previous resolutions and efforts to address burden of malaria in the region



- **Realizing** that the gap in responding to malaria problem in the region is the inadequate coverage and access to cost effective interventions among the poor and vulnerable groups, **Member States are urged to:**

1. Develop competencies in leadership and management of malaria prevention and control at the service level to ensure better coordination and integration of activities.
2. **Actions should include to:**
  - a. Develop or adapt the WHO Competency Framework within **six months**;
  - b. Build the capacity of the existing and future workforce in the knowledge and use of the framework and the service guidelines associated with it;
  - c. Implement malaria control programmes according to the set standards; and
  - d. Monitor, evaluate and report on compliance with the standards of care for malaria.
  - e. Develop a mechanism to ensure collection and timely reporting of RBM indicators annually to allow for comparable monitoring and information exchange between countries and regionally.
3. Strengthen supply chain management to increase access to medicines and commodities for comprehensive management of malaria within **one year**.
4. Strengthen/revitalize malaria public awareness and social mobilisations campaigns to empower and mobilise at risk populations to increase use and demand of malaria prevention interventions **within one year**.

**The ECSA Secretariat is urged to:**

- **Within 12 months**, conduct an assessment of progress of implementations of malaria interventions based on the resolutions from 36, 37, 38, 40th and 42nd Health Ministers' Conferences in ECSA Member States.

**Resolution 3: HIV and TB**

**Preamble**

- **Recalling** Resolution Number RHMC/42/R2 of the 42<sup>nd</sup> Regional Health Ministers Conference held in February 26<sup>th</sup> in Mombasa, Kenya
- Acknowledging the need to accelerate universal access to HIV/AIDS Prevention, Treatment, care and support
- **Recognizing** the high rates of HIV/AIDS and TB co-infection
- **Noting** the relationship between HIV/AIDS Alcohol and drug abuse

**Member States are urged to:**

1. Review current supply chain management for commodities used in the management of HIV/AIDS and TB patients in order to improve quality of care within **12 months**.
2. Integrate PMTCT programme in all hospitals at district level and in more than 50% of lower level health facilities by **December 2008**.
3. Ensure that every counselling and testing center is linked to a specific comprehensive HIV care center by **July 2008**
4. Develop HIV/AIDS workplace policies by **December 2008**.
5. Establish a multi-sectoral task force to develop policies that address the linkage between alcohols other substances of abuse within the national HIV/AIDS framework and begin implementing the policies by **2009**.

### **The Secretariat is urged to:**

1. Disseminate research findings and support development and implementation of comprehensive HIV/AIDS/STI workplace policies, by **July 2008**.
2. Explore and document research on MDR and XDR TB treatment and disseminate findings to all Member States by **July 2008**.
3. Host a meeting of regional experts to review latest research findings on the role of male circumcision in prevention of HIV/AIDS and further advise on policy implication on HIV prevention by **June 2008**
4. Form a task force at ECSA to address the linkages between HIV/AIDS, alcohol, and substances abuse by **July 2007** and sponsor a regional meeting on alcohol, substance abuse and HIV/AIDS to advise on policy by **December 2007**.

### **Resolution 4: Injury Prevention and Control**

#### **Preamble**

- **Aware** that injuries cause 40% of all deaths and that it is a silent epidemic in the ECSA region
- **Noting** the high incidence of road traffic, home and work related injuries;
- **Noting** that most injuries are preventable and
- **Further noting** that there are proven cost effective interventions that require Multi sectoral collaboration

#### **Member States are urged to:**

1. **By March 2008**, develop a strategy to train first responders in emergency care at each level of the health system
2. Advocate for the recognition of road traffic accidents and other injuries as important public health concern and facilitate the development of multi-sectoral injury prevention policies and actions plan to guide the implementation of cost effective interventions strategies by **2009**.

#### **The Secretariat is urged to:**

1. Collect document best practices and research reports on cost-effective interventions for injury prevention and care, and share with Member States by the **2010**.
2. Facilitate sharing of expertise and other resources when disasters occur in the region.

### **Resolution 5: Prevention and Management of Diabetes**

#### **Preamble**

- **Noting** that Non Communicable Diseases (NCDs) and injuries represent 27 percent of the total burden of disease in sub-Saharan Africa
- **Further noting** that 66% of the deaths attributed to non-communicable diseases occur in developing countries where those affected are on average younger than in developed countries
- **Alarmed** by the rising prevalence of Non communicable diseases especially diabetes, that are a consequence of evolving trends in demography and lifestyles, including those related to unhealthy diet and physical inactivity;

- **Recalling** resolutions **WHA51.18** and **WHA53.17** on prevention and control of Non-communicable diseases, and **WHA55.23** on diet, physical activity and Health;
- **Noting** that many of the Member States have not developed strategies for prevention of diabetes and other non-communicable diseases;
- **Recognizing** that the epidemic has the potential not only to remove productive and experienced members of society but also to take away scarce resources from primary health services:

**Member States are urged to:**

1. Conduct an assessment using the adapted WHO tools to estimate the prevalence diabetes by **January 2008**.
2. Initiate public awareness campaigns on Diabetes and further develop comprehensive Diabetes prevention Strategies by **January 2008**.
3. Initiate screening programmes in schools, workplaces, and communities by **January 2009**.
4. Ensure that comprehensive diabetes care services are available (including the availability of drugs) in all hospitals by **December 2008**.
5. Review pre-service curricula to ensure that health providers acquire competencies in diabetes management within **2 years**.

**The Secretariat is urged to:**

1. Undertake a study to explore mechanism of ensuring access to essential medicines for diabetes care in the region by **2008**.
2. Assist Member States to develop diabetes prevention strategies within **next 2 years**.
3. Conduct research in sentinel project sites on awareness, economic impact, and prevalence of diabetes and its risk factors **by 2009**.
4. Develop a series of policy briefs, using programme results in ECSA, to advise policy makers over the course of **5 years**.

**Resolution 6: Enhancing the Performance of Health Systems to Accelerate Attainment of MDGs in ECSA**

**Preamble**

- **Noting** that National Health accounts have been successfully used by Member States to increase resource allocation and strengthening the stewardship role of the Government
- **Recognizing** that ECSA has potential for bulk purchasing of drugs and decreasing high drug costs
- **Further recognizing** that Member States have started to implement performance based contracts and that the initiative could be strengthened through performance based financing
- **Noting** that Member States are at different stages of implementing resolution 1 of the 34<sup>th</sup> HMC to institutionalize quality assurance at the provider, organizational and institutional level and Resolution 2 of the 40<sup>th</sup> HMC to strengthen quality assurance in procurement distribution and storage of commodities and drugs.
- **Further noting** that there is a need to enhance the stewardship role of the government in improving Quality of Health Services

**The Member States are urged to:**

1. Accelerate the implementation of all previous resolutions that called for implementation of comprehensive strategies to strengthen health systems in the region.
2. Initiate a process to facilitate the purchase of essential drugs and medical supplies as a block within the ECSA Member States in order to take advantage of economies of scale and bargaining power by **December 2008**.
3. Institutionalize the biennial National Health Accounts and allocate budget line for its implementation within **1 year**.
4. Strengthen Health Management Information Systems to improve programme planning for equitable decision-making **within 2 years** to help attain MDGs. Take actions in strengthening systems and structures for total quality management of health services at all levels in **two years**
6. To strengthen capacity building in leadership and management at all levels of the health system within the next two years

**The Secretariat is urged to:**

1. Undertake evaluation of Performance Based Health Financing models, to feed into future policy on Performance based financing within **two years**. Take an inventory of systems and structures for overseeing total quality management (TQM) in the region and document different stages reached by Member States within one year
2. Support Member States initiatives in capacity building for leadership and management

**Resolution 7: Improving Human Resources for Health**

**Preamble**

- **Recognizing** that the shortage of health workers is a global concern and that Africa suffers 25% of the global burden of disease but has only 3% of the global workforce and 1% of the resources spent on health; and further recognizing the additional disease burden as a result of HIV, malaria and TB
- **Recognizing** the importance of human resources in strengthening health systems and in successful realization of the internationally agreed goals contained in the United Nations Millennium Declaration;
- **Recognizing** the significant efforts and investment made by developing countries in training and development of human resources for health;
- **Further noting with concern** that highly trained and skilled health personnel from the developing countries continue to emigrate at an increasing rate to certain countries, which weakens health systems in the countries of origin;
- **Concerned** about the high morbidity and mortality of mothers, newborns and children;
- **Recalling** that the issue of human resources for health has been discussed at several ECSA health ministers' conferences and resolutions passed:
  - Resolution 3 of the 34<sup>th</sup> RHMC focused on improving conditions of service and protecting the rights of workers who emigrate
  - Resolution 2 of the 38<sup>th</sup> RHMC focused on improving quality of care by improving training of health workers
  - Resolution 3 of the 38<sup>th</sup> RHMC emphasized the need to improve retention of health workers
  - Resolution 4 of the 38<sup>th</sup> RHMC was on improving leadership and governance for better health worker and health system's performance

- Resolution 3 of the 40<sup>th</sup> RHMC re-emphasized the need of focusing on retention, strengthening HR information systems and developing HR policies that are based on evidence
- Resolution of 4 of the 42<sup>nd</sup> RHMC re-emphasized the need of strengthening HRIS that would provide information for planning and development of HR as well as information on retention and migration
- **Noting** the work in progress on international labour migration by the International Organization for Migration, the Global Commission on International Migration, African Group and in other international bodies
- **Concerned** that the Human Resources for Health in Member States are still insufficient in terms of numbers and skill mix because of internal and external migration,
- **Realizing** that disparities in remuneration and conditions of service are largely responsible for the increasing mobility of health workers;
- **Aware** that Human Resources Intelligence including sound Human resources information systems are weak in most of the member countries;

#### **Member States are urged to:**

1. Develop/revise National Human Resources strategies that address recruitment, motivation and retention of health workers and improve their productivity to include both financial and non-financial incentives by **end of 2008**.
2. Develop scaling-up plans for training, career development and support of middle level health workers by **end of 2008**, with the participation of professional associations and regulatory bodies.
3. Develop mechanisms to harness the potential resource in health workers from the Diaspora and retired workers by **March 2008**.
4. Support and endorse policies and protocols to manage and mitigate the costs of migration by **December 2008**.
5. Engage human resources needs in the region by the **end 2008**.
6. Support the ECSACON project entitled "Enhancing Midwifery Capacity to Reduce Maternal and Neonatal Mortality and Morbidity";
7. Support the ECSA postgraduate colleges of ECSACON, COSECSA by providing resources for recurrent expenditures and supporting the trainees undergoing training.
8. Facilitate the accreditation of COSECSA and other future colleges in various disciplines. Develop mechanism for distribution of health workers that ensures equity at all levels of the health system by **March 2008**.
10. Strengthen/Establish National Health Workforce Observatories and ensure linkages to existing Human resources Information Systems and promote usage of common indicators by **December 2008**.

#### **ECSA Secretariat is urged to:**

1. Provide technical assistance to at least two countries to develop/revise Human resources policies and strategies by **end of 2007**;
2. Facilitate the process of planning and implementing the ECSACON project on "**Enhancing Midwifery Capacity to Reduce Maternal and Neonatal Mortality and Morbidity**" by encouraging partners to finance a post for a person to coordinate the project activities by **May 2007**
3. Document and disseminate current best practices and guidelines on legally binding bilateral agreements among Member States and developed nations on the ethical recruitment of human resources by **June 2008**

4. Provide technical support to at least three countries to conduct country-specific studies on retention and migration by **end 2008**
5. Facilitate the establishment of National Health Workforce Observatories in all Member States by **end 2008**.
6. Disseminate to Member States the report of the African Group/World Bank that is reviewing Human resources for Health crisis.

## Resolution 8: Monitoring and Evaluation

### Preamble

- **Noting** that the Monitoring and evaluation of resolutions passed at regional Health Ministers Conferences and sharing of information is generally weak;
- **Recalling and reaffirming** recommendation of resolution no1 of the 42<sup>nd</sup> Regional Health Ministers Conference that called for strengthening of Monitoring and evaluation system of the ECSA Secretariat and further expressed the need to document progress of implementation of resolutions.
- **Concerned** that most countries have no mechanism or systems for following up resolutions passed by the Health Ministers Conferences

### The Member States are urged to:

1. Strengthen the Secretariat to develop capacity to conduct Monitoring and evaluation
2. Identify a focal person to coordinate Monitoring and Evaluation by July 2007

### The Secretariat is urged to:

1. Coordinate monitoring and evaluation
2. Promote sharing of information among Member States
3. Develop a system for monitoring the implementation of resolutions passed by the Health Ministers conferences including tools and indicators to facilitate reporting by Member States.
4. Review the status of the implementation of previous resolutions and report in the next Health Ministers conference.

## Resolution 9: Avian Influenza Preparedness

### Preamble

- **Recognizing** the potential threat of Avian Flu and Human Pandemic outbreak to life and economies in ECSA;
- **Noting** that many of the Member States have developed Avian Influenza and Human Pandemic preparedness Plans;
- **Further noting** the close contact between human and domestic poultry and the fact that migratory birds pass through the region;
- **Recalling** that some African states have already experienced outbreak of Avian Flu in poultry and confirmed deaths in human

### Member States are urged to:

1. Strengthen monitoring and evaluation framework including the setting of clear targets to guide the implementation of the Avian Influenza Preparedness and Response plans developed by Member States within the next 12 months.

2. Approve and allocate budgets, as a matter of urgency, for the implementation of Avian Flu preparedness and response plans in situations where this has not taken place, **within one year**.
3. Develop and implement financial resource mobilization strategies to support the implementation of Avian Influenza plans by the **end of 2007**.
4. Integrate Avian Influenza surveillance into existing national disease surveillance systems by the end of **2007**
5. In collaboration with relevant sectors, adopt or develop legislative and regulatory framework, for containment and control of Avian flu outbreak **within 2 years**.
6. By **December 2008**, develop and implement communication strategies to increase awareness on Avian Flu and Pandemic Influenza
7. In collaboration with other sectors, integrate an operations research component into existing preparedness plans in order to analyse and document better practices and lessons learnt **within 6 months**.

**Secretariat is urged to:**

1. Review existing Avian flu Preparedness and response plans from Member States.
2. Work with Member States to document and disseminate best AI practices and lessons learned within the next 12 months

**Resolution 10: Control of Rift Valley Fever**

**Preamble**

- **Recognizing** that emerging zoonotic diseases are increasingly becoming global and regional health issues with potential to cause serious human and economic impacts.
- **Noting** that there has been an outbreak of Rift Valley Fever in Kenya and Tanzania that has led to deaths of people and animals;
- **Further noting** the negative economic impact in the affected regions;
- **Concerned** that some countries have not developed strategies for Rift Valley Fever
- **Recognizing** the need to strengthen collaboration between ministries of health and veterinary services as strategic step towards improving prevention and control of Rift Valley Fever

**Member States are urged to:**

1. To advocate for recognition of Rift Valley Fever as a serious disease of public health concern.
2. Strengthen their disease surveillance system to enhance early detection and control of zoonotic diseases outbreaks of public health importance;
3. Facilitate the development of a multi sectoral strategy for prevention and control of zoonotic diseases of public Health concern.
4. Provide to other Member States information on their capacity for diagnosis, outbreak investigations and control of zoonotic diseases of public health importance.
5. Share with Member States technical reports on any zoonotic diseases outbreaks occurring in the region and lessons learnt in order to strengthen the capacity for disease outbreak control within the region.
6. Build capacity for outbreak communication to support control of disease outbreaks.

**The Secretariat is urged to:**

1. Support the building of capacity for outbreak communication within the region over the next 3 years.
2. Facilitate sharing of information with Member States on disease outbreaks occurring in the region.
3. Develop inventory of capacity available within the region for detection and control of zoonotic and other emerging diseases by **Dec 2007**.

## Resolution 11: Injection Safety

### Preamble

- **Recognizing** that injections are the most common medical intervention and provide the foundation of delivery of most healthcare programmes in developing countries;
- **Recognizing** the health burden caused by unsafe injection practices, especially the transmission of HIV, Hepatitis and other blood-borne pathogens;
- **Aware** that injections are often over-subscribed;
- **Observing** established WHO principles on injection safety;
- **Noting** that for injection safety to be effective it must apply to all types of injections (immunisation and curative services); and that it must be operated on a national scale;
- **Reaffirming** the progress made to date in injection safety programmes in Member States;
- **Further noting** that there are cost effective interventions to address injection safety.

### Member States are urged to:

1. To implement, support or scale up existing comprehensive injection safety programmes, by November 2009.
2. These programmes should include four complementary components at levels that correspond to country needs:
  - I. Injection safety devices: supply adequate levels of safe injection devices, to ensure appropriate use.
  - II. Sharps waste disposal: appropriate management of infectious sharps waste.
  - III. Healthcare worker training: provide continued training on safe injection practices.
  - IV. Public information: to decrease demand for unnecessary injections and instill awareness of safe injection practices.
3. Ensure appropriate quality safe injection devices through the adoption by the National Regulatory Agencies of international standards on product quality (ISO 7886:1-4 and WHO PQS where relevant), within the same time frame as above.
4. Support the implementation of, or introduce, national policies on injection safety by November 2007.

### ECSA Secretariat is urged to:

1. Host a forum of participating ECSA Member States to share and discuss key points of programme implementation.
2. Facilitate communication among key stakeholders.
3. Consider linkages to other ECSA activities, such as proposed regional revolving funds or other activities related to ensuring affordable continuous supplies



## **Resolution 12: Expression of Gratitude to the Government and the People of United Republic of Tanzania**

### **Preamble**

- Noting with profound appreciation the acceptance by the Ministry of Health of the United Republic of Tanzania to graciously host the 42<sup>nd</sup> Regional Health Ministers Conference;
- Deeply aware of the extensive and elaborate planning, coordination and preparations that went into all conference activities;
- Remaining forever grateful for the very warm hospitality extended to all Ministers and their delegations;
- Appreciating the excellent arrangements that were put in place during the entire conference by the Government and people of the United Republic of Tanzania;

### **The 44<sup>th</sup> Regional Health Ministers conference:**

Wishes to express its gratitude to the Government and the people of the United Republic of Tanzania Humbly requests the Minister of Health of the United Republic of Tanzania to convey the individual and collective gratitude of the Ministers and delegates to His Excellency, Jakaya Kikwete, and President of the United Republic of Tanzania.

---

**46<sup>th</sup> Health Ministers' Conference**  
**25 - 29 February, 2008 Mahe, Seychelles**

**Resolutions of the 46<sup>th</sup> Health Ministers' Conference**

**Introduction**

The 46<sup>th</sup> ECSA Health Ministers' Conference was held in Victoria, Mahe, Republic of Seychelles, from 25<sup>th</sup> – 29<sup>th</sup> February 2008, and adopted the following 12 resolutions:

- ECSA/HMC46/R1: Strengthening Health Systems to Ensure Equitable Access to Health Care
- ECSA/HMC46/R2: Improving Human Resources for Health for Effective Health Care Services
- ECSA/HMC46/R3: Increasing Access to Medicines and Medical Supplies
- ECSA/HMC46/R4: Maternal and Child Health/Reproductive Health/Family Planning
- ECSA/HMC46/R5: HIV/AIDS
- ECSA/HMC46/R6: Injury Prevention and Control
- ECSA/HMC46/R7: Prevention and Management of Non Communicable Diseases
- ECSA/HMC46/R8: Strengthening Monitoring and Evaluation Systems in ECSA
- ECSA/HMC46/R9: Strengthening Use of Information Technologies for Health Care
- ECSA/HMC46/R10: Nutrition Interventions for Promoting Health and Survival
- ECSA/HMC46/R11: Expression of Gratitude to Partners of ECSA Health Community
- ECSA/HMC46/R12: Expression of Gratitude to the Government and the People of Seychelles

**ECSA/HMC46/R1: Strengthening Health Systems to Ensure Equitable Access to Health Care**

**The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Noting** that in the ECSA Health Community Member States, there are weaknesses in all the core functions of a health system (ie. service provision, generation of resources, generation of adequate financing, and stewardship) resulting in low productivity and inefficiency;
- **Recognizing** that the attainment of Millennium Development Goals is highly dependent on strong and efficient health systems that facilitate access to care;
- **Recognizing** that Governments and partners are increasingly aware of the importance of an efficient health system, but are unfortunately not providing harmonized and concerted effort to address health system weaknesses;
- **Noting** that the views and needs of clients and patients are often not adequately represented during the development of health policies and formulation of health strategies;
- **Further noting** that most families are unable to make significant and sustainable contributions to health care through out-of-pocket contributions;
- And **further noting** that donor aid is often provided for specific diseases interventions or service areas, without addressing the wider health system, and that donor aid has often distorted health systems by disproportionately providing resources, including human resources;
- **Noting** with concern that weak generation of resources, in particular for pharmaceuticals, medical supplies and equipment continue to impede the efficient functioning of healthsystems.

### **Urges Member States to:**

1. Institutionalize the use of evidence based planning process to strengthen the health systems by 2009;
2. Ensure efficient and cost-effective use of available resources through the adoption of proven practices that address the weaknesses of health systems' functions in leadership and management, operational efficiency and quality;
3. Engage partners and stakeholders in the health sector to find ways and means to protect families from financial barriers through the adoption of universal financial coverage of health risks by 2010;
4. Develop policies that ensures universal access to quality and comprehensive (preventive, promotive and curative) health care services at all levels of health care systems;
5. Strengthen management systems for pharmaceuticals, supplies and equipment by 2010.

### **Directs the Secretariat to:**

1. Assist Member States to develop capacity for assessment of health systems and planning by 2010;
2. Advocate to Member States to adopt Programme Based Budgeting (PBB) as one of the strategies of accelerating attainment of the Millennium Development Goals (MDGs) by 2012;
3. Support Member States by developing and implementing coherent strategic and business plans to add value to country operational plans;
4. Recruit a coordinator who will be responsible for the implementation of the second Regional Pharmaceutical Strategy and support Member States in their endeavor to purchase medicines and supplies in bulk by January 2009.

### **ECSA/HMC46/R2: Improving Human Resources for Health for Effective Health Care Services**

#### **The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Acknowledging** the central role of human resources in the provision of health care and the attainment of Millennium Development Goals;
- **Aware** of the current human resources for health crisis in the ECSA region that is characterized by widespread shortages, geographical mal-distribution, inappropriate skill mix and unfavourable working conditions;
- **Recognizing** that the health workforce crisis will not be resolved by ministries of health working in isolation, but through inter-ministerial collaboration between ministries of health and other ministries such as finance, education and public service;
- **Further noting** the involvement of the private sector, civil society organizations and professional bodies is necessary to ensure an effective national response to the health workforce crisis;
- **Recalling** years of gross underinvestment in the health workforce, and the significant impact of this underinvestment on health outcomes;
- **Noting** that countries are at various stages of developing and implementing their human resources for health plans;
- **Recognizing** that leadership and governance is an important component of human resources management;
- **Noting that** countries are at various stages of establishing their health workforce observatories including a sound human resources information system;

- **Recalling** WHO, AU and ECSA Health Ministers' resolutions in addressing the health workforce crisis which emphasize the importance of managing migration, development of human resources policy and scaling up the health workforce; and
- **Acknowledging** the importance of engaging all relevant stakeholders and partners in taking forward the human resources for health agenda.

#### **Urges Member States to:**

1. Adopt the ECSA Human Resources for Health Strategy and support its implementation;
2. Review and operationalize costed national human resources for health strategic plans, and link them to the national health priorities for delivery of effective health care by 2010;
3. Invest and mobilize resources for the implementation of the human resources for health plans in collaboration with stakeholders including the ministries of finance and planning, development partners and the private sector;
4. Strengthen institutional capacities for human resources for health governance and leadership through priority investment in human resources for health departments to ensure mandate and status, adequate staffing, structures and financial resources;
5. Accelerate the establishment and use of National Health Workforce Observatories to improve quality of evidence and information on health workforce, to facilitate informed policy dialogue, monitoring and evaluation of human resources for health strategies by 2010.

#### **Directs the Secretariat to:**

1. Disseminate and implement the ECSA Health Community Human Resources for Health strategy;
2. Mobilize resources for the implementation of the ECSA Health Community Human Resources for Health strategy, in collaboration with partners;
3. Support at least three Member States to review and implement their National Human Resources for Health strategies by end of 2009.
4. Work with all national Human Resources for Health Observatories and the Africa Health Workforce Observatory to ensure dissemination and sharing of human resources for health practices and experiences in the region.

### **ECSA/HMC46/R3: Increasing Access to Medicines and Medical Supplies**

#### **The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Observing** that about 50% of people in the region do not have access to good quality, safe, efficacious and affordable medicines & medical supplies resulting from:
  - lack of outdated or poorly implemented medicines policies;
  - weak regulatory systems;
  - inadequate procurement and distribution systems;
  - irrational prescribing, dispensing and use;
  - inadequate resources such as human, financial, infrastructure, and management information system; and
  - limited utilization of better pricing options;
- **Aware** of the importance of medicines and medical supplies in the attainment of MDGs;
- **Noting** that some Member States have not enacted comprehensive legislations to regulate medicines and medical supplies through autonomous National Drug Regulatory Authorities (NDRA);

- **Observing** that where legislations have been enacted they are sometimes undermined during the tendering for and registration of medicines and medical supplies;
- **Noting** that the enforcement of laws, regulations and guidelines established in Member States is inadequate;
- **Recognizing** that Member States have made remarkable achievements despite the challenges.

**Urges Member States to:**

1. Develop and implement national medicines policies by 2009, and review essential drug lists and treatment guidelines at least every 2 years;
2. Harmonize drug registration guidelines, procedures and processes within the ECSA framework by June 2009;
3. Provide procurement data quarterly to the ECSA Coordinated Informed Buying (CIB) mechanism for improved procurement of medicines and medical supplies;
4. Establish and/or strengthen the National Drug Regulatory Authorities through comprehensive legislation that provides autonomy and empowers them to exercise their national mandates by 2009;
5. Establish medicines and medical supplies financing mechanisms that ensures sustainability by 2009/10 fiscal year;
6. Strengthen procurement and distribution practices by ensuring adequate balance between price and quality and linking procurement and registration through good governance practices.

**Directs the Secretariat to:**

1. Establish a pharmaceutical programme office by June 2008 to coordinate pharmaceutical policies and regulations for implementation of the 2<sup>nd</sup> Regional Pharmaceutical Strategy, and advocate for similar offices in EAC, COMESA and SADC;
2. Work with EAC, COMESA, and SADC Secretariats to maximize utilization of resources and structures to strengthen management systems for medicines and medical supplies;
3. Mobilize resources and facilitate pilot projects for drug registration harmonization schemes in 6 Member States and provide a progress report to the Ministers annually.

**ECSA/HMC46/R4: Maternal and Child Health/Reproductive Health/Family Planning**

**The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Recognizing** the slow progress towards attaining the health related MDGs and concerned about the persistently high death rates of mothers, newborn babies and young children in the ECSA region;
- **Aware** that gender based violence, unsafe abortions and malnutrition in mothers, newborns and young children are still rampant in the ECSA region;
- **Reaffirming** the commitment of the Member States to the implementation of the African Union Health Strategy including the attainment of universal access to comprehensive sexual and reproductive health services;
- **Recalling** resolution number 1 of the 44<sup>th</sup> ECSA Health Ministers' Conference held in Arusha, Tanzania which emphasized the need to strengthen and implement policies and programmes that promote reproductive and child health services;
- **Further noting** that many of the recommendations in resolution number 1 of the 44<sup>th</sup> ECSA Health Ministers' Conference are still pertinent and that they still need to be addressed.

### Urges Member States to:

1. Allocate/increase financial resources for family planning to reduce unmet needs by 10% by 2010;
2. Develop and implement policies, guidelines and training curricula on task shifting among health care providers that will allow mid-level cadres to carry out specifically identified activities and shift non/less technical duties from mid-level to lower-level cadre staff such as community based distributors of contraceptives and patient attendants by 2011;
3. Institutionalize the practice of active management of third stage of labour in all health facilities providing maternity care (with adoption of WHO active management of third stage of labour recommendations) by 2009;
4. Improve customer care at all health care facilities to enhance quality of care and increase demand for and use of services by 2011;
5. Re-focus activities on prevention of gender based violence to target both men and women by 2011, to ensure:
  - Empowerment of women,
  - Constructive male involvement,
  - Sensitization of male and female children from an early age in primary, secondary and tertiary learning institutions;
6. Strengthen essential newborn care by setting up a newborn corner in every delivery unit and building capacity of staff by 2009;
7. Scale up coverage of core child survival interventions, such as infant and young child feeding practices, Vitamin A supplementation, immunization , de-worming, use of bed nets and other family practices to promote child health and development;
8. Integrate maternal health, family planning, malaria control and prevention of mother to child transmission of HIV interventions in ante-natal care, delivery and postnatal services by 2010.

### Directs the Secretariat to:

1. Support countries to develop and implement policies and guidelines on task shifting among health care providers by 2010;
2. Disseminate best practices and support pre/ in-service training in Member States on active management of third stage of labor by 2009;
3. Support Member States to train service providers and tutors on Gender Based Violence by 2010;
4. Support Member States to develop and implement policies and guidelines on integration of maternal/reproductive health services by 2010.

### ECSA/HMC46/R5: HIV/AIDS Control

#### The 46<sup>th</sup> ECSA Health Ministers' Conference,

- **Recalling** Resolution No. RHMC42/R2 of the 42<sup>nd</sup> Regional Health Ministers' Conference held in February 2006, in Mombasa, Kenya;
- **Acknowledging** the need to accelerate universal access to HIV/AIDS prevention, treatment, care and support;
- **Recognizing** the high rates of HIV/AIDS and TB co-infection;
- **Aware** of efforts and investments made in HIV/AIDS control by ECSA Member States;
- **Noting** the following challenges in HIV control;

- Limited access to care & treatment particularly by children and young adults,
- Imbalance in resource allocation between prevention and treatment,
- Inadequate emphasis on the role of gender and substance abuse on HIV transmission and access to care & treatment,
- Inadequate integration of HIV services into other public health interventions,
- Limited awareness and application of evidence based HIV control interventions;
- **Noting** the relationship between HIV/AIDS, alcohol and drug abuse.

**Urges Member States to:**

1. Accelerate and expand interventions for the prevention of HIV infection using evidence based strategies; specifically:
  - Consider including male circumcision into HIV/AIDS prevention policies and develop national implementation plans by 2010,
  - Strengthen & scale up comprehensive PMTCT services in at least 50 percent of all health facilities by 2010,
  - Balance resource allocation between HIV/AIDS prevention & treatment by 2012,
  - Mainstream gender, prevention of alcohol and other substance abuse into HIV/AIDS policies and strategies by 2010;
2. Implement strategies that will ensure universal and equitable access to quality HIV care & treatment; specifically:
  - Strengthen & scale up paediatric care and treatment to reach 30 percent of eligible children by 2010,
  - Establish private & public partnerships to maximize use and sustainability of treatment and care programmes by 2009,
  - Strengthen community-based organizations participating in treatment and care programmes by 20 percent by 2010,
  - Implement policies that facilitate decentralization of care & treatment to primary health care level by task shifting by 2011,
  - Promote practices that enhance adherence to ART including better nutrition, and addressing alcohol and substance abuse by 2010,
  - Strengthen integration of HIV services with other public health interventions by 2010;
3. Adopt the ECSA HIV/AIDS strategy and commit resources to support its implementation.

**Directs the Secretariat to:**

1. Provide technical support to Member States to implement the above recommendations;
2. Advocate to Member States to adopt necessary policy reforms to increase coverage of HIV prevention, treatment, care and support interventions;
3. Facilitate policy analysis, review, development, and implementation;
4. Facilitate learning by identifying, documenting and sharing best practices and tools among Member States.

**ECSA/HMC46/R6: Injury Prevention and Control**

**The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Aware** that injuries cause 10% of all deaths and is a silent epidemic in the ECSA region;
- **Noting** the high incidence of road traffic, home and work related injuries;

- **Particularly concerned** by the risk of needle-stick injuries during provision of medical care, increasing incidents of domestic violence and injuries incurred in civil strife;
- **Noting** that most injuries are preventable; and
- **Further noting** that there are proven cost effective interventions that require multi sectoral collaboration;
- **Recalling** resolution number 4 of the 44<sup>th</sup> Health Ministers' Conference that called for establishment of strategies and policies for injury prevention and control by Member States.

**Urges Member States to:**

1. Establish a multi-sectoral national committee for road safety by January 2009;
2. Advocate for the recognition of road traffic accidents and other injuries as important public health concern and facilitate the development of multi-sectoral injury prevention policies and actions plan to guide the implementation of cost effective interventions strategies by January 2009;
3. Develop a strategy to train first responders in emergency care at each level of the health system by January 2009.

**Directs the Secretariat to:**

1. Collect and document best practices and research reports on cost-effective interventions for injury prevention and care, and share with Member States by 2010;
2. Facilitate sharing of expertise and other resources when disasters occur in the region.

**ECSA/HMC46/R7: Prevention and Management of Non Communicable Diseases**

**The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Noting** that non communicable diseases represent 27 percent of the total burden of disease in sub-Saharan Africa;
- **Further noting** that 66% of the deaths attributed to non-communicable diseases occur in developing countries where those affected are on average younger than in developed countries;
- **Concerned** by the rising prevalence of non-communicable diseases, especially hypertension and diabetes, that are a consequence of evolving trends in demography and lifestyles, including those related to unhealthy diet and physical inactivity;
- **Recalling** resolutions **WHA51.18** and **WHA53.17** on prevention and control of non-communicable diseases, and **WHA55.23** on diet, physical activity and health;
- **Concerned** by the large burden of disease related to tobacco use and acknowledging the obligations of the Framework Convention on Tobacco Control;
- **Noting** that many of the Member States have not developed and implemented strategies for prevention of non-communicable diseases;
- **Recognizing** that the epidemic has the potential not only to remove productive and experienced members of society, but also to take away scarce resources from primary health services.

**Urges Member States to:**

1. Assess, using the adapted WHO and other available tools, the prevalence of risk factors for non-communicable diseases by January 2010;



2. Intensify public awareness campaigns targeting appropriate groups on non-communicable diseases by January 2009;
3. 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;
4. Ensure that affordable, cost effective health services are available for the management of non-communicable diseases, particularly for hypertension and diabetes (including the availability of drugs) in all hospitals by January 2009.

**Directs the Secretariat to:**

1. Create the post and recruit a coordinator to support implementation and monitoring of resolutions passed by Ministers' Conference on non-communicable diseases;
2. Advocate for resources from international partners for the implementation of non-communicable diseases programs by Member States;
3. Support Member States to identify available capacities within the region, to develop and implement strategies for prevention and control of non-communicable diseases.

**ECSA/HMC46/R8: Strengthening Monitoring and Evaluation Systems in ECSA**

**The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Noting** that the monitoring and evaluation of resolutions passed at Health Ministers' Conferences and sharing of information continues to be weak;
- **Recalling and reaffirming** recommendations of resolution number 1 of the 42<sup>nd</sup> and number 8 of the 44<sup>th</sup> Health Ministers Conference that called for strengthening of Monitoring and Evaluation system of the ECSA Secretariat and further expressed the need to document progress of implementation of resolutions;
- **Concerned** that most Member States continue to have no mechanism or systems for following up resolutions passed by the Health Ministers' Conferences;
- **Recognizing** that there are other similar resolutions passed by Health Ministers at regional and international fora that also require to be monitored and reported on.

**Urges Member States to:**

1. Support the creation of a Monitoring and Evaluation expert's position within the ECSA Secretariat;
2. Develop a monitoring and evaluation framework, train personnel, and establish a budget line by 2010.

**Directs the Secretariat to:**

1. Coordinate and harmonize the monitoring and evaluation of the various resolutions adopted at regional and international fora by 2010;
2. Periodically review and update the system for monitoring the implementation of resolutions passed by the Health Ministers' Conferences including tools and indicators to facilitate reporting by Member States by 2010.

**ECSA/HMC46/R9: Strengthening Use of Information Communication Technologies for Health Care**

## **The 46<sup>th</sup> ECSA Health Ministers' Conference,**

- **Recognizing** the increasing potential of Information Communication Technologies in development in general, and in the health sector in particular;
- **Recalling** the WHA resolution on e-health (WHA58.28, 2005), and other international commitments on increasing the use of Information Communication Technologies in the health sector,
- **Recognizing** the growing focus on e-policy and the need for integration of e-health within broader e-government initiatives in Member States;
- **Aware** of the need for legal and ethical frameworks to regulate utilization of Information Communication Technologies,
- **Aware** that Member States are at different levels of implementing Information Communication Technologies within the health sector as dictated by country specific challenges;
- **Cognizant** of the common challenges of Information Communication Technologies roll out, including network infrastructure, technical and financial challenges;
- **Recognizing** that regional initiatives such the WHO Africa Health Infoway and the African Union initiative on e-governance represent great opportunities to scale up Information Communication Technologies for health care in Member States;
- **Noting that** public-private partnerships represent an opportunity for increasing technical, financial and policy support for deployment and sustainability of Information Communication Technologies in health;
- **Further** recognizing the increasing importance of advocacy for Information Communication Technologies use, and sharing lessons across Member States as a strategy to accelerate Information Communication Technologies uptake in the health sector in the region.

### **Urges Member States to:**

1. Develop national e-policies and strategies/plans that address the health sector, focusing on simple and appropriate technologies by 2010;
2. Collaborate with and subscribe to the WHO Africa Health Infoway and other partner initiatives to address Information Communication Technologies needs immediately;
3. Develop multi-sectoral strategies for building capacity, deployment and use of Information Communication Technologies by 2010.

### **Directs the Secretariat to:**

1. Work with partners to conduct situation analysis to identify needs, best practices and guidelines for Information Communication Technologies in health sector in Member States by 2010;
2. Disseminate information on regional and global initiatives on Information Communication Technologies in the health sector such as the WHO Africa Health Infoway, Health Metrics network, AU e-governance project to Member States immediately;
3. Collaborate with both public and private partners to scale up advocacy for uptake of Information Communication Technologies and e-health in Member States and report progress to the Ministers Conference annually.

## **ECSA/HMC46/R10: Nutrition Interventions for Promoting Health and Survival**

### **The 46th ECSA Health Ministers' Conference,**

- **Recognizing** the slow progress towards attaining the health and nutrition related MDG1 on reduction of extreme poverty and hunger, the implications that nutrition has in achieving the rest of the MDGs; and the persistent high rates of macro- and micronutrient malnutrition (hidden hunger) in the ECSA region;
- **Aware** that nutrition has a serious impact on human, social and economic development and is an underlying cause of 50% deaths in children under five years of age as demonstrated in the Lancet Series on Maternal and Child Under-nutrition;
- **Reaffirming** Member States commitment to reduce child underweight and eliminate vitamin and mineral deficiencies during the UN-General Assembly Special Session for Children in May 2002;
- **Recalling** the Heads of State commitment to implement the African Regional Nutrition Strategy, the NEPAD African Nutrition Initiative, and the NEPAD 10-year strategy for combating Vitamin and Mineral Deficiency with focus on long-term household food security and ending child hunger and under-nutrition in the Abuja Declaration;
- **Further recalling** resolution of the 36th Regional Health Ministers' Conference held in Entebbe, Uganda which urged the Secretariat to promote food fortification initiatives in the region;
- **Noting** the progress made by the Secretariat in developing fortification guidelines, materials and tools, as well as capacity building of Member States;

#### **Urges Member States to:**

1. 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;
2. Adopt/accelerate implementation of infant and young child feeding policies, guidelines and national plans of action based on global strategy with strengthened coordination between nutrition, HIV/AIDS and PMTCT, and accelerated child survival and development initiatives;
3. Adopt and support implementation of ECSA food fortification guidelines by end of 2009;
4. Allocate/increase financial resources by at least 20% within the next two years, for nutrition with a focus on micronutrients interventions; such as Vitamin A supplementation, iron and folic supplementation, fortification and other food-based interventions in health budget/basket funds to ensure sustainability and reduce donor dependence;
5. Form active public-private partnerships to accelerate progress on sustained iodine deficiency disorders elimination and other vitamin and mineral deficiencies and report every three years according to WHA60.21 resolution.

#### **Directs the Secretariat to:**

1. Disseminate best practices and support accelerated implementation of:
  1. Infant and Young Child Feeding in HIV and child survival context;
  2. Sustained Iodine Deficiency Disorders elimination and support countries to accelerate progress on sustained IDD elimination through Universal Salt Iodization;
  3. Vitamin A supplementation;
  4. Iron and folic supplementation in pregnancy;
2. Support countries to adopt and implement guidelines on food fortification;
3. Advocate for scaling up of national food fortification programmes.

#### **ECSA/HMC46/R11: Expression of Gratitude to Partners of the ECSA Health Community**

#### **The 46<sup>th</sup> Health Ministers' Conference,**

- **Noting** with appreciation the continued support to Member States and the ECSA Secretariat towards the implementation of resolutions of the Health Ministers' Conferences, and regional and national health programmes;
  - **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;
  - **Aware** of the existing health challenges and the need to increase investment in the health sector in order to accelerate the attainment of the MDGs, regional, continental and international health goals;
  - **Cognizant** of the critical role that the technical and financial support of partners plays in the scaling up of health interventions towards the attainment of the MDGs and the need to sustain this support.
1. Reaffirms its commitment to continue facilitating the implementation of agreed projects/program of work with partners; and
  2. Strengthen coordination of partners at regional and country level;
  3. Endeavour's to ensure sustainability of programs supported by partners

#### **ECSA/HMC46/R12: Expression of Gratitude to the Government and the People of Seychelles**

##### **The 46<sup>th</sup> Health Ministers' Conference,**

- **Noting** with profound appreciation the acceptance by the Ministry of Health and Social Development of the Republic of Seychelles to graciously host the 46<sup>th</sup> Health Ministers Conference;
  - **Deeply** aware of the extensive and elaborate planning, coordination and preparations that went into all conference activities;
  - **Appreciating** the presence of His Excellency Hon James Alix Michel, President of the Republic of Seychelles, during the official opening of the conference;
  - **Remaining** forever grateful for the very warm hospitality extended to all Ministers and their delegations;
  - **Appreciating** the excellent arrangements that were put in place during the entire conference by the Government and the people of Seychelles.
1. Wishes to express its gratitude to the Government and the people of the Republic of Seychelles;
  2. Humbly requests, the Minister for Health and Social Development of the Republic of Seychelles, to convey the individual and collective gratitude of the Health Ministers and delegates, to **His Excellency, Hon James Alix Michel**, President of the Republic of Seychelles.

**48<sup>th</sup> Health Ministers' Conference**  
**16 - 20 March, 2009, Kingdom of Swaziland**

**Resolutions of the 48<sup>th</sup> Health Ministers' Conference**

**Introduction**

The 48<sup>th</sup> Health Ministers Conference took place from 16<sup>th</sup> to 20<sup>th</sup> March, 2009 at the Royal Swazi Convention Centre, Ezulwini, Kingdom of Swaziland, and adopted the following resolutions:

- ECSA/HMC48/R1: Revitalizing Primary Health Care and Strengthening Health Systems
- ECSA/HMC48/R2: Enhancing Systems-Based Strategies and Solutions to Strengthen Human Resources for Health
- ECSA/HMC48/R3: Enhancing Leadership and Management
- ECSA/HMC48/R4: Action-oriented Research for Health Planning & Decision-Making
- ECSA/HMC48/R5: Sexual, Reproductive Health and Family Planning
- ECSA/HMC48/R6: Gender-based Violence (GBV)
- ECSA/HMC48/R7: HIV and AIDS, TB and Malaria
- ECSA/HMC48/R8: Prevention of Non-Communicable Diseases
- ECSA/HMC48/R9: Improving Maternal, Neonatal and Child Health and Nutrition
- ECSA/HMC48/R10: Implementation of Health Ministers Conference resolutions
- ECSA/HMC48/R11: Expression of Gratitude to Partners of the ECSA Health Community
- ECSA/HMC48/R12: Expression of Gratitude to His Majesty's Government and People of the Kingdom of Swaziland

**ECSA/HMC48/R1: Revitalizing Primary Health Care and Strengthening Health Systems**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Aware** of the need to accelerate efforts towards the achievement of the Millennium Development Goals in the region;
- **Noting** that there are only six years to the achievement of the Millennium Development Goals deadline;
- **Realising** the high disease burden due to communicable and non-communicable diseases in our region;
- **Noting** that it is only through comprehensive Primary Health Care that equitable access to health care will materialise;
- **Considering** the opportunity cost of not revitalising Primary Health Care;
- **Deeply concerned** by the lack of access to health care, and the associated costs of seeking care at higher levels, especially among the poor;
- **Mindful** of the potential for harm occasioned by unsafe injection practices
- **Further concerned** with findings from the national health accounts showing that out-of-pocket health expenditure in the region is often as high as 48% of total health expenditure, which is a not only an inequitable mode of health financing but also a potential barrier to access, particularly for poor households; and
- **Recalling** Resolutions ECSA/HMC46/1 and ECSA/HMC46/3 on National Drug Regulatory Authorities, and recognizing that there are ongoing initiatives on harmonization of drug

registration in regional economic groupings and regional health organizations within the region;

**Urges Member States to:**

1. Strengthen health systems within country context, including assessments of the health workforce, leadership and management, infrastructure, equipment, supplies, sources of financing, and engagement of the private sector.
2. Use evidence from appropriate research to inform policies and actions that support PHC.
3. Scale up efforts to support pre-payment and pooling of finances and equitable distribution of resources including social health insurance and community health financing initiatives, for sustainable funding of PHC by December 2012.
4. Ensure that PHC facilities provide a mix of integrated services in promotive, preventive, care and treatment and rehabilitation for both communicable and NCDs including access to surgical procedures
5. Establish and/or strengthen national drug regulatory authorities, to expedite access to quality pharmaceuticals.
6. Ensure injection safety through mechanisms such as outlawing re-usable needles and syringes in both public and private sector
7. Ensure balanced investments in training, supportive supervision, health infrastructure, logistics and provision of equipment and supplies in PHC by December 2012.

**Directs the Secretariat to:**

1. Conduct research into the effects of changes in policy on service delivery in at least five Member States by December 2009;
2. Offer technical assistance to four Member States to design evidence-based advocacy strategies for improvements in service delivery according to country need by December 2010.
3. Document and disseminate successful and promising models of PHC practices in the region by December 2010.

**ECSA/HMC48/R2: Enhancing Systems-Based Strategies and Solutions to Strengthen Human Resources for Health**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Noting** of the importance of proper Human Resources data for evidence-based policy and decision-making;
- **Aware** that there is lack of sharing of HR information within and across Member States;
- **Recognizing** the need to have Human Resources Information Systems linked to the Health Information System;
- **Considering** that in most of the Member States there is lack of dialogue between researchers and policy makers, often leading to delays in adoption of best practices despite evidence from other member countries
- **Noting** the need for well-coordinated and nationally owned CHW programs, with incentive schemes for CHWs;
- **Recalling** that Resolution ECSA/HMC46/R4 urged Member States to develop and implement policies, guidelines and training curricula among health care providers by 2011;

- **Further recalling** the resolution of the 46th HMC Resolution ECSA/HMC46/R4 directing the Secretariat to support countries to develop and implement policies and guidelines on task-shifting;
- **Realising** that poor attitudes of health workers are often a barrier to access to health services by some of our populations;
- **Aware** that adequate evidence exists to support task shifting of selected services to CHWs and other non-professional health cadres;
- **Recognising** that task shifting can only succeed in the context of an overall human resources for health strategy, with buy-in from professional councils, associations and training institutions;
- **Mindful** of the fact that in spite of the above-cited HMC resolution and the launch of the World Health Organization - led guidelines on task shifting, little progress has been made in implementation within the region;

#### **Urges Member States to:**

1. Facilitate dialogue between policy makers, program managers and researchers to inform research agendas and ensure utilization of research results;
2. Undertake efforts to accelerate the implementation of Resolution ECSA/HMC46/R4 on task shifting.
3. Initiate a consultative and participatory process to facilitate buy-in by various stakeholders, including chief nursing officers, regulatory councils and other professional associations on issues of task shifting, by December 2010
4. Develop legal frameworks and mechanism for ownership and facilitation of community health workers within PHC systems by December 2010.
5. 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

#### **Directs the Secretariat to:**

1. Conduct a regional assessment on the policy context, and enabling and inhibiting factors, such as scope of practice for various professions, regulatory frameworks and legal limitations, for task shifting
2. Develop strategies for country to country transfer of successful task-shifting models
3. Facilitate the documentation and dissemination best practices in utilisation of Human Resources Information Systems.
4. Facilitate research in Member States to establish the contribution of health worker attitudes to poor health outcomes by December 2010.
5. Continue the collaborative work with EQUINET, including consolidation, repackaging and dissemination of findings from the ECSA-EQUINET programme on HRH and particularly on incentives for HRH retention, to inform policy, guidelines and programmes.
6. Facilitate dialogue among various professional organisations, regulatory bodies and other stakeholders.

### **ECSA/HMC48/R3: Leadership and Management**

#### **The 48<sup>th</sup> Health Ministers Conference,**

- **Aware** of the need to develop nationally owned leadership and management strategies,
- Committed to lead the process of management development within our health systems,

- Cognizant of the need to avoid duplication and fragmentation of efforts through multiple initiatives within our countries,
- **Recognising** the central role of proper leadership and management in the functioning of a health system;
- **Further recognizing** that human resource management capacity is weak in most member state ministries of health;
- **Realising** that Member States do not have well developed leadership and management capacities for health facilities
- **Aware** of the many leadership and management challenges that are posed by policy proliferation and initiatives such as decentralization, privatization,

**Urges Member States to:**

1. Develop nationally owned leadership and management approaches that include clear job descriptions, defined priority tasks, and clear written lines of responsibility and accountability that indicate the responsibility for managers' performance, including areas of delegation, for health managers at all facility levels
2. Institutionalize induction and orientation programmes for all persons appointed to management positions, with continuous career development for new levels of responsibility
3. Establish clear country-specific key strategic priorities areas and key result areas that managers are expected to deliver on at each level of care, and ensure that efforts are made to provide resources for the effective execution of management responsibilities.
4. Establish performance monitoring and management systems for managers linked to specific expected results and clear recognition for achieving the required targets.

**Directs the Secretariat to:**

1. Conduct a regional assessment on leadership and management in health, and report to the 50<sup>th</sup> Health Ministers Conference.
2. Work with Member States to develop training programmes for health leadership and management by June 2011
3. Explore mechanisms for credentialing of health leaders and managers, for instance through partnerships with training institutions, by December 2011
4. Support the newly established Africa Health Leadership and Management Network (AHLMN), and encourage regional institutions and managers to join and be involved in the network
5. Develop and share with Member States relevant indicators of management effectiveness.

**ECSA/HMC48/R4: Action-Oriented Research for Health Planning and Decision Making**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Noting** the importance of action-oriented research for evaluating the performance of health systems and interventions, measuring the impact on population health and prioritizing measures to strengthening health systems;
- **Further noting** that some countries do not have comprehensive national policies for research for health, sufficient research leadership, research coordination mechanisms, research ethics and regulatory frameworks;
- **Concerned**, that a lot of research is conducted but little is brought to policy and practice;
- **Recalling** the 46<sup>th</sup> Health Ministers resolution that highlighted weak information sharing and lack of capacity in M&E;



- **Cognizant** of the importance of appropriate evidence to drive policy and decisions;
- **Noting** that research for health is not adequately prioritized and funded by Government and funding agencies;
- **Noting** with concern the tendency towards research that is not country-initiated or country-driven in the region;
- **Aware** that there exist gaps in skills, expertise and capacity for research in Member States that result in varying data quality;
- **Realising** that much of the population in ECSCA countries use traditional medicines, and yet a lot concerning traditional medicine remains un-researched and unknown;
- **Aware** that there is inadequate communication and dissemination of research results in member countries;
- **Cognizant** of the potential usefulness of early utilization of research data at point of collection;
- **Recognizing** the value of transparency and data sharing for capacity building and data validation;

#### **Urges Member States to:**

1. Develop and strengthen national policies on research for health, including research ethics, by December 2011.
2. Establish or strengthen or streamline national coordination mechanisms for research that involve all stakeholders, by December 2011
3. Develop a prioritized agenda for research for health, by December 2010
4. Dedicate at least 2% of national health budget to research for health in accordance with the Abuja Declaration, by December 2010.
5. In line with the Ouagadougou Declaration (2008), allocate sufficient resources for research in traditional medicine, and ensure that the protection of the intellectual property of the traditional practitioners.
6. Build country level capacity and leadership for data collection, management, analysis, dissemination and utilization, to ensure that policy decisions are based on evidence, on an ongoing basis.

#### **Directs the Secretariat to:**

1. Advocate for recognition, prioritization, funding for and utilization of research for health in the region, on an on-going basis
2. Establish a directory of research for health in the region by March 2011
3. Work with Member States to identify research for health priority areas, including traditional medicines, and facilitate regional collaborative research initiatives
4. Facilitate policy dialogue on validation of health related data for purposes of capacity building and regional joint analysis
5. Assist Member States to build capacity in research skills, leadership, research ethics, and M&E, on an ongoing basis
6. Document and disseminate best practices in research for health, on an ongoing basis

#### **ECSCA/HMC48/R5: Sexual, Reproductive Health and Family Planning The 48<sup>th</sup> Health Ministers Conference,**

- **Aware** that our region has one of the highest fertility rates in the world;
- **Cognizant** of the fact that there is great unmet need for family planning (FP) in Member States;

- **Recognizing** that without attention to sexual and reproductive health (SRH) and FP the achievement of Millennium Development Goals will not be possible;
- **Aware** of the benefits of FP in the reduction of maternal and childhood mortality
- **Recalling** previous resolutions of Health Ministers Conferences on SRH and FP, particularly resolution ECSA/HMC46/R4;
- **Aware** of the lack of effective advocacy for FP in Member States;

#### **Urges Member States to:**

1. Implement previous health Ministers' Conference resolutions on SRH and FP.
2. Advocate for increased political and financial commitment to revitalise FP and SRH and ensure their full integration in National development Plans and Poverty reduction strategies by December 2011
3. Develop costed implementation plans for SRH informed by the Maputo Plan of Action by December 2009.
4. Promote male engagement in safe motherhood and SRH initiatives
5. Develop country-specific policies and guidelines on task shifting for the delivery of SRH and FP, to ensure access to SRH and FP services for the poor, marginalized and underserved communities by December 2012.
6. Improve access to post abortion care and safe abortion services within the limit of the law.

#### **Directs the Secretariat to:**

1. Support Member States to develop and/or adopt advocacy, costing and modelling tools;
2. Document and disseminate promising and best practices in FP and SRH, with links to proven effective change practices
3. Assist member countries implement various international instruments e.g. Maputo Plan of Action, the African Charter on the rights of the Woman.
4. Develop a comprehensive implementation framework for SRH

### **ECSA/HMC48/R6: Gender-based Violence**

#### **The 48<sup>th</sup> Health Ministers Conference,**

- **Acknowledging** the need to address gender-based violence (GBV) which persists in the ECSA region;
- **Recognising** that GBV is a complex issue with social, economic, cultural, legal and health elements;
- **Further recognising** the importance of building alliances at local, national, regional and international levels in order to complement and reinforce efforts;
- **Aware** of the need to build capacity on prevention of and response to GBV, including advocacy;
- **Noting** the relationship between GBV and access to essential health services including HIV and AIDS prevention, care and treatment and sexual/reproductive health for all ages;
- **Further noting** the need to engage men in developing and implementing strategies for the prevention of and response to GBV;
- **Recognising** the need for a multi-sectoral approach to GBV and child sexual abuse (CSA);
- **Cognisant of** the ECSA-HC initiative to develop a GBV Implementation Framework as a tool to guide countries in their developing their national plans;

#### **Urges Member States to:**

1. Develop/review existing GBV legislation, policies, strategies and adequately resourced multi-sectoral implementation plans by December 2010;
2. Integrate GBV issues into the training/education programmes for key stakeholders including health workers, education system, media practitioners and the justice system, by June 2010;
3. Strengthen community engagement to promote changes in social and cultural norms of both men and women around gender issues and GBV.
4. Strengthen HIMS to include the collection of GBV and CSA disaggregated data, and undertake and promote research on GBV and CSA.
5. Strengthen laboratory services, including DNA analysis, in the management of sexual offences
6. Support the creation and function of a gender desk within the Secretariat

**Directs the Secretariat to:**

1. Develop a prototype policy on prevention and response to GBV and CSA by December 2009;
2. Support at least 3 Member States to develop/review their national GBV policies and plans by December 2010;
3. Disseminate the implementation framework and support development and implementation of country multi-sectoral approaches by December 2010;
4. Strengthen and provide technical assistance to Member States in the integration of GBV into the education sector including the training of health workers and the Media (see member state wording)
5. Develop prototype training materials to be used in GBV sensitization for health workers by September 2009;
6. Conduct a comparative study on GBV against men and women by December 2011.

**ECSA/HMC48/ R7: HIV and AIDS, TB and Malaria**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Recalling** Resolution ECSA/HMC46/R5 of the 46<sup>th</sup> Health Ministers Conference;
- **Aware** of emergence of multi-drug resistant (MDR) and extensive-drug resistant (XDR) TB in the region; and noting that management of drug resistant TB is not yet integrated into national TB control programme activities in some countries.
- **Noting** the relationship between Alcohol use and Substance abuse with HIV transmission;
- **Particularly concerned** by the increase in number of ART patients lost to follow up in the region;
- **Recognizing** the importance of Advocacy, Communication and Social Mobilization (ACSM) for prevention and control of TB, HIV and Malaria;
- **Realizing** that medical male circumcision is a once-off, relatively minor procedure, which can be a cost-effective addition to available preventive measures for prevention of HIV transmission;
- **Further noting** that many of the recommendations in resolution number 5 of the 46<sup>th</sup> ECSA Health Ministers Conference are still pertinent and they still need to be addressed.

**Urges Member States to;**

1. Develop action plan on ACSM, integrate into national plans for TB, HIV and Malaria and mobilize adequate resources to support implementation of ACSM activities.

2. Adopt voluntary medical male circumcision as part of the country level integrated interventions for prevention of HIV transmission in line with resolution ECSA/HMC46/R5.
3. Establish and strengthen laboratory services for monitoring MDR and XDR TB and conduct assessment studies to evaluate the magnitude of MDR and XDR TB
4. Ensure that management of drug resistant TB is mainstreamed into national TB control plans.
5. Recalling Resolution ECSA/HMC46/R5, accelerate integration of HIV and AIDS services into public health interventions (Nutrition, TB and Malaria)

**Directs the Secretariat to;**

1. Work with partners to develop innovative cost-effective interventions for retaining patients on ART in the region by 2012.
2. Support Member States to establish and strengthening laboratory services for diagnosis and monitoring MDR , XDR TB and resistance to ART by 2012
3. Work with WHO and other partners to establish structured management programmes for drug resistant TB, and scale up TB/HIV interventions in all ECSA countries.
4. Recalling Resolution ECSA/HMC46/R5, Through Regional HIV-Alcohol Task Force, facilitate integration of alcohol prevention into national HIV prevention policies and programs and organize task force meeting to review status of the implementation of agreed actions.
5. Provide technical assistance to four countries to implement TB ACSM activities, and document and disseminate best practices on ACSM for TB prevention and control.
6. Mobilize resources to support implementation of the 46<sup>th</sup> and 48<sup>th</sup> ECSA Health Ministers resolutions and involve representatives of GFATM in ECSA regional dialogue on ATM strategies.

**ECSA/HMC48/R8: Prevention of Non-Communicable Diseases**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Recalling** the resolutions of the 46th HMC, particularly Resolutions ECSA/HMC46/R7 on non-communicable diseases and ECSA/HMC46/R10 on nutritional interventions for promoting health and survival;
- **Mindful** of the fact that the double disease burden of communicable and non-communicable diseases threatens to undermine the gains of Member States towards attainments of the Millennium Development Goals;
- **Aware** that there has not been much time for Member States or the Secretariat to implement the 46th Health Ministers' conference resolutions;
- **Accepting** that the issues adopted earlier this year at the Ministers' Conference remain current and relevant to the region;
- **Still concerned** about the unacceptably high rate of nutritional morbidity and mortality levels within the region:

**Urges Member States to:**

1. Implement the resolutions ECSA HMC46/R7 and ECSA HMC 46/R10 of the 46<sup>th</sup> Health Ministers' Conference
2. Acquire accurate data using the STEPwise approach
3. Appoint national focal person for NCDs and provide sufficient support to implement programmes

4. Support the Secretariat to operationalise the post of Manager, NCDs.

**Directs the Secretariat to:**

1. Support Member States to strengthen their NCD programmes
2. Strengthen advocacy for NCD prevention and control
3. Document and disseminate promising and best practices on prevention and control of NCDs.

**ECSA/HMC48/R9: Improving Maternal, Newborn and Child Health and Nutrition**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Recalling** the comprehensive resolution on maternal, newborn and child health at the 46th HMC (ECSA/HMC46/R4);
- **Understanding** that maternal anaemia is a major risk factor for maternal morbidity and mortality, as well as perinatal mortality;
- **Determined** to contribute to the achievement of the Millennium Development Goals;
- **Acknowledging** the contribution of proper maternal nutrition to improved child health and wellbeing;

**Urges Member States to:**

1. Implement resolution ECSA/HMC46/R4 on maternal, newborn and child health;
2. Develop/review policy and Road Map on MNCH and adequately resource it by December 2010.
3. Accelerate the institutionalization of practice of AMTSL in at least 40% of health facilities by 2010, and ensure delivery by skilled provider in 75% of women by 2012
4. Integrate family planning, HIV, STI, malaria services and MNCH into primary health care 2010;
5. Implement key high impact health and nutrition interventions for improving MNCH based on the Lancet series and ENA packages.
6. Develop and implement, through multi-sectoral approaches, food and nutrition security integrated surveillance system to continuously monitor the nutrition situation in the country.

**Directs the Secretariat to:**

1. Implement previous ministerial resolutions on nutrition and MNCH.
2. Support Member States to develop & implement policies and road map on MNCH on an ongoing basis;
3. Support Member States to accelerate the institutionalization of AMTSL by 2010;
4. Support Member States to develop & implement policies & guidelines on integration of MNCH services with other services by 2011;
5. Support Member States to scale up the ENA activities
6. Support Member States to monitor progress on the nutrition surveillance system.

**ECSA/HMC48/ R10: Implementation of Health Ministers Conference Resolutions**

**The 48<sup>th</sup> Health Ministers Conference,**

- **Determined** to accelerate the actions to achieve the Millennium Development Goals, and committed to move from talk to action;
- **Noting with concern** the number of past Health Ministers Conference resolutions that are largely unimplemented;
- **Further concerned** by the lack of a reporting or review mechanism for the implementation of Health Ministers Conference resolutions;
- **Cognizant** of the need to track the implementation of resolutions made by the Ministers
- **Aware** of the need to give effect to resolutions through a structured mechanism;

**Urges Member States to:**

1. Develop an implementation plan for Health Ministers Conference resolutions.
2. Implement resolutions adopted at past Health Ministers Conferences.
3. Report on progress of implementation of Health Ministers Conference resolutions at the 50<sup>th</sup> Health Ministers Conference (2010), and at subsequent Health Ministers Conferences.

**Directs the Secretariat to:**

1. Develop a monitoring plan for tracking the implementation of Health Ministers Conference resolutions, integrating policy and programme evidence and recommendations from research and technical programmes implemented, and report to the 50<sup>th</sup> Health Ministers Conference.
2. Assist Member States to develop an implementation plan for Health Ministers Conference resolutions.
3. Ensure that report on progress of implementation of Health Ministers Conference resolutions is a standing item on the agenda for Health Ministers Conferences with effect from the next Health Ministers Conference.

**ECSA/HMC48/R11: Expression of Gratitude to Partners of the ECSA Health Community**

**The 48th 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, financial and moral support;
- **Aware** of the existing health challenges and the need to increase investment in the health sector in order to accelerate the attainment of the MDGs, regional, continental and international health goals;
- **Cognizant** of the critical role that technical and financial support of partners plays in the scaling up of health interventions towards the attainment of the MDGs and the need to sustain this support.
- **Noting** with appreciation 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:
  1. Reaffirms its commitment to continue facilitating the implementation of agreed projects/program of work with partners;
  2. commits to the strengthening of the coordination of partners at regional and country level;
  3. Endeavour's to ensure sustainability of programs supported by partners

**ECSA/HMC48/R12: Expression of Gratitude to His Majesty's Government and the People of Swaziland**

### **The 48th Health Ministers' Conference,**

- **Noting** with profound gratitude the acceptance by the Ministry of Health of the Kingdom of Swaziland to host the 48th Health Ministers Conference;
  - **Impressed** by the excellent planning, coordination and preparations that went into all conference activities;
  - **Further impressed** by the rich culture and scenic beauty of the Kingdom of Swaziland;
  - **Overwhelmed** by the hospitality and generosity extended by His Majesty's Government to the Ministers and their delegations, and all the participants
  - **Recognising** the sacrifices made by His Majesty's Government to ensure such a successfully organised conference:
1. Wishes to express its gratitude to His Majesty's Government and the people of the Kingdom of Swaziland;
  2. Humbly requests the Minister for Health of the Kingdom of Swaziland to convey the individual and collective gratitude of the Health Ministers and delegates, to **the Right Honourable Prime Minister**, Kingdom of Swaziland for opening the 48<sup>th</sup> Health Ministers Conference.
-

**50<sup>th</sup> Health Ministers' Conference**  
**15 – 19 February 2010, Kampala, Uganda**

**Resolutions of the 50<sup>th</sup> Health Ministers' Conference**

**Introduction**

The 50<sup>th</sup> ECSA Health Ministers' Conference took place at Serena Hotel, Kampala, in the Republic of Uganda from 15 – 19 February 2010 and adopted the following resolutions:

ECSA/HMC50/R1:	Health Insurance and Financing
ECSA/HMC50/R2:	Leadership, Stewardship and Governance
ECSA/HMC50/R3:	Leadership and Management
ECSA/HMC50/R4:	Improving the Capacity of HRH Departments
ECSA/HMC50/R5:	Improving Maternal and Child Health/Family Planning
ECSA/HMC50/R6:	Challenges in Funding and Implementing HIV/AIDS, TB and Malaria Programmes
ECSA/HMC50/R7:	Maternal and Child Nutrition
ECSA/HMC50/R8:	Prevention of Non- Communicable Diseases
ECSA/HMC50/R9:	Tracking Progress towards the MDGs
ECSA/HMC50/R10:	Management of HIV/AIDS and Tuberculosis (TB) in ECSA Region
ECSA/HMC50/R11:	Expression of Gratitude to Partners of the ECSA Health Community
ECSA/HMC50/R12:	Expression of Gratitude to His Excellency the President of the Republic of Uganda and the People of Uganda

**ECSA/HMC50/R1: Health Insurance and Financing**

**The 50<sup>th</sup> Health Ministers Conference,**

- **Noting** that high levels of out-of-pocket payments for health are a financial barrier to use of priority services and consequently an obstacle to achievement of the health MDGs, and contribute to poverty and inequity;
- **Concerned** with findings from national health accounts showing that out-of-pocket health expenditures in the ECSA region continue to be as high as 48% of total health expenditures;
- **Recalling** that Resolution ECSA/HMC48/R1 Item 2 urged Member States to scale up efforts to support pre-payment and pooling of finances and equitable distribution of resources including social health insurance and community health financing mechanisms for sustainable funding of Primary Health Care;
- **Considering** the diversity of demographic, economic, and health system characteristics among Member Countries;
- **Noting** that the informal sector, defined as the economically active population operating outside the formal, taxable sector, is large, diverse, and includes populations that are able to contribute to financing health insurance based on their ability to pay.

**Urges Member States to:**

1. Adopt pro-poor and equitable health insurance schemes tailored to their unique demographic, economic, and health system circumstances and integrated with their broader health financing policy.



2. Exercise their stewardship role and develop regulations to govern health insurance schemes that protect against exploitation and promote transparency, equity and financial sustainability.

**Directs the Secretariat to:**

1. Provide technical assistance to Member States to conduct objective feasibility studies of health insurance to identify evidence-based solutions tailored to each country's unique circumstances.
2. Document and disseminate country experiences with health insurance to learn from successes and challenges.

**ECSA/HMC50/R2: Leadership, Stewardship and Governance**

**The 50<sup>th</sup> Health Ministers' Conference,**

- **Aware** of the role of the health ministers and their senior leadership teams as stewards for the overall health of populations;
- **Further aware** of the growing need to articulate key health issues affecting the region on the global health agenda;
- **Recognizing** the importance of political and governance skills needed to align internal country resources within and beyond the health sector in each country;
- **Further recognizing** the skills needed to identify the national health agenda and align external resources in support of this agenda;
- **Aware** of the many leadership, stewardship and governance challenges health ministers and their senior teams face in balancing their roles between policy issues and technical issues;
- **Recalling** the 48<sup>th</sup> Health Ministers' Resolution on Leadership and Management, that focused on the needs of middle management in the health sector.

**Urges Member States to:**

1. Include the leadership, stewardship and governance skills and practices needed by the ministers and their senior teams in national planning for leadership development.
2. Develop induction programs and coaching for ministers with a focus on strategic issues as well as public health issues the ministers will encounter.
3. Take full advantage of all health resources available in their countries to support Ministers and Ministerial Senior Management Teams.
4. Strengthen Ministers and Ministerial Senior Management Team's capacity in Global Health Diplomacy.

**Directs the Secretariat to:**

1. Collaborate with international and regional technical resource organizations available for Ministerial Leadership Development including strengthening national capacities in Global Health Diplomacy.
2. Develop or adapt and periodically update guidelines for Health Ministers and their senior teams in addressing priority issues that are common in Member States.
3. Include time for Ministers and their senior teams for roundtable discussions and sharing of challenges and experiences with strategic stewardship and governance issues in Member States at the annual Health Ministers' Conferences.

## **ECSA/HMC50/R3: Leadership and Management**

### **The 50<sup>th</sup> Health Ministers Conference,**

- **Aware** of the existence of a wealth of medical/clinical knowledge, technology, and experience to make substantial improvements in maternal and child health, reproductive health and family planning, HIV/AIDS, and other infectious diseases;
- **Further aware** of the need to link technical knowledge and approaches to successfully implement and scale up changes in health care practices;
- **Recognizing** that using evidence-based change practices can significantly increase the chances for success and sustainability as we introduce, adapt, apply and scale up health system and clinical practice;
- **Further recognizing** that leadership and management skills are weak in Ministries of Health of most Member States;
- **Noting** that involvement of the private sector is key to supplementing public health sector services and improve access to quality health services;
- **Acknowledging** that the private sector plays a significant role in the delivery of health services in the ECSA region.

### **Urges Member States to:**

1. Identify gaps and barriers to leadership and management development and design interventions according to set priorities.
2. Institutionalise leadership development programs in the health sector where appointments in the leadership positions require an individual to participate in leadership and management development programmes.
3. Initiate discussions on strengthening engagement of private sector and leveraging on public private partnership initiative to facilitate the attainment of MDGs.

### **Directs the Secretariat to:**

1. Document and disseminate best practices in leadership and management in the ECSA Region.
2. Engage Member States in the leadership for change activities.
3. Support Member States in improving stewardship over the private sector and enhancing Public Private Partnerships.

## **ECSA/HMC50/R4: Improving the Capacities of HRH Departments**

### **The 50<sup>th</sup> Health Ministers Conference,**

- **Noting** that the HRH Departments/Units in the Ministry of Health play leadership and facilitative roles in moving forward HRH related actions;
- **Appreciating** the commitment of Member States in passing a number of resolutions on various aspects of HRH development over the years;
- **Recalling** the resolutions ECSA/HMC 46/R4 and ECSA/HMC48/R2 and R3 on strengthening HRH and Leadership;
- **Concerned** with the slow progress in implementation of National Strategic HRH Plans.

### **Urges the Member States to:**

1. Strengthen capacities of HRH units or departments.
2. Establish and strengthen multi-sectoral and stakeholder coordination and collaboration mechanisms for HRH development.
3. Ensure appropriate skill mix and efficient use of available human resources taking into account task shifting options with appropriate training, support supervision/mentoring and regulations.

**Directs the Secretariat to:**

1. Advocate for strengthened institutional capacities of HRH departments or units of Member States.
2. Document and disseminate best practices in HRH development and management.

**ECSA/HMC50/R5: Improving Maternal, Newborn and Child Health/Family Planning**

**The 50th Health Ministers Conference,**

- **Appreciating** the political commitment of the Member States as reflected in resolution ECSA/HMC44/R1, and resolution ECSA/HMC46/R4
- **Concerned** with the high maternal mortality ratios, neonatal mortality from causes related to pregnancy and childbirth in the ECSA region;
- **Further Noting** that the ECSA region is lagging behind in the implementation of the Maputo Plan of Action and the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

**Urges Member States to:**

1. Accelerate operationalization of the Maputo Plan of Action and the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

**Directs the Secretariat to:**

1. Support Member States to accelerate implementation of the Maputo Plan of Action and Campaign for Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

**ECSA/HMC50/R6: Funding and Implementing HIV/AIDS, TB and Malaria Programmes**

**The 50<sup>th</sup> Health Ministers Conference,**

- **Recognizing** the burden of HIV/AIDS, TB and Malaria to the social and economic status of ECSA Member States;
- **Aware** of the increase in annual new HIV infection which continue to outpace the increase in the number of people receiving treatment;
- **Recalling** global and regional declarations on reaching Universal Access in 2010;
- **Noting** that the ECSA Health Community is facing increasing challenges in mobilizing resources to support the HIV/AIDS, TB and Malaria Programme;
- **Further Noting** the value added by regional organizations in the area of coordination, collaboration, harmonization and tracking progress on regional and continental commitments by Member States;

- **Recognizing** the contributions of the Global Fund in providing the resources for the three diseases and health systems strengthening and the role of technical agencies including World Health Organization in providing support to access funding for HIV/AIDS, Malaria and Tuberculosis;
- **Noting** the new initiatives in the Global Fund to streamline their operations for more efficient delivery of resources to Member States.

**Urges Member States to:**

1. Maximize available opportunities from Global Fund and other partners to obtain additional resources for scaling up interventions to achieve MDGs.
2. Support the Global Fund Constituency Board Member to effectively represent all Member Countries.
3. Develop a proposal for mobilizing resources for an integrated regional HIV/AIDS, TB and Malaria Programme.

**Directs the Secretariat to:**

1. Convene a consultative meeting and engage with partners, funding agencies and institutions to explore possible avenues for supporting an integrated HIV/AIDS, TB, Malaria and other ECSA health priorities.

**ECSA/HMC50/R7: Maternal and Child Nutrition**

**The 50<sup>th</sup> Health Ministers Conference,**

- **Recognizing the** high rate of malnutrition in the region;
- **Aware** of the consequences of malnutrition on socio-economic development;
- **Further recognizing** that nutrition issues go beyond the health sector;
- **Concerned** that nutrition is not receiving adequate attention and budget allocation;
- **Noting** the existence of proven high impact interventions that can be delivered at scale.

**Urges the Member States to:**

1. Raise the profile of nutrition and allocate adequate financial resources for implementation of programmes.
2. Accelerate implementation of high impact interventions (e.g Essential Nutrition Actions, fortification of commonly consumed foods, Universal Salt Iodation, vitamin A, iron and folic acid supplementation).
3. Strengthen public-private partnerships and multi-sectoral collaboration.

**Directs the Secretariat to:**

1. Develop and disseminate a regional strategy on food and nutrition security in line with the African Regional Nutrition Strategy.
2. Update the nutrition Human Resources and institutional needs assessment to inform strategy and regional planning and disseminate the findings.
3. Accurately capture the magnitude of malnutrition in the ECSA Member States for advocacy.
4. Support Member States to speed up fortification of commonly consumed foods with appropriate micronutrients and promote regional harmonization of standards and guidelines.

5. Support Member States to engage the private sector to join in implementation of nutrition interventions.

### **ECSA/HMC50/R8: Prevention and Control of Non- Communicable Diseases (NCDs)**

#### **The 50<sup>th</sup> Health Ministers Conference,**

- **Recalling** all previous ECSA - HC and WHO NCDs resolutions, strategies and call of action adopted by ECSA Member States;
- **Concerned** with the low priority given to NCDs by international, regional and national partners and stakeholders;

#### **Urges Member States to:**

1. Develop or update an integrated and comprehensive strategy and Action Plan for NCDs.
2. Promote healthy lifestyles and create awareness on risk factors associated with NCDs including road traffic accidents.

#### **Directs the Secretariat to:**

1. Develop a regional strategy for NCDs including Trauma.
2. Fill the post of NCDs manager at the Secretariat if funds allow.
3. Conduct an assessment of the magnitude of road traffic accidents morbidity and mortality in the region.

### **ECSA/HMC50/R9: Tracking Progress towards the MDGS**

#### **The 50<sup>th</sup> Health Ministers Conference,**

- **Noting with** concern the weak Monitoring and Evaluation Systems to track progress towards meeting the MDGs;
- **Acknowledging** the various strategies implemented by Member States in order to improve prospects of realizing the MDG targets by 2015;
- **Cognizant of** the complex challenges facing Member States in tracking and reporting on progress on regional and international commitments;
- **Noting** the 30th and 34th HMC resolutions on ensuring health equity and that it will be difficult and in some cases not possible to achieve the MDGs without reducing health inequalities.

#### **Urges Member States to:**

1. Submit annual data-based reports on the status of specific targets and goals.
2. Strengthen routine HMIS, analysis and use data for decision making.
3. Report on evidence on health equity and progress in addressing inequalities in health.

#### **Directs the Secretariat to:**

1. Operationalize the ECSA Monitoring Framework and synchronize the system with that of other regional bodies' e.g WHO, Africa Union etc.

2. Facilitate the setting up of a Regional Monitoring and Evaluation Expert Core Group by August 2010.
3. Accelerate the establishment of an ECSA Regional Database of core indicators.
4. Provide updated, complete and timely comparative data and briefs to Member States on progress towards meeting the MDGs.
5. Strengthen capacities and measures to monitor and report on progress in addressing inequalities in health.

## **ECSA/HMC50/R10: Management of HIV/AIDS and Tuberculosis (TB) in ECSA Region**

### **The 50<sup>th</sup> Health Ministers Conference,**

- **Recalling** ECSA Health Ministers Resolution, ECSA/HMC46/R7 on HIV and AIDS, TB and Malaria;
- **Concerned** that Extensive Multi-Drug Resistant Tuberculosis (M/XDR-TB) poses a threat to global public health security and severely undermines efforts to reduce the global burden of TB;
- **Aware** of the increase in annual number of new HIV infections which continues to outpace the annual increase in the number of people receiving treatment and high HIV and TB co-infection;
- **Re-affirming** the importance of a collaborative approach in management and control of HIV and TB co-infection;
- **Noting** the role of pharmaceuticals and medical supplies in combating the priority diseases;
- **Further noting** the 19<sup>th</sup> Directors Joint Consultative Committee recommendations and that many of the ECSA Health Ministers Resolutions on HIV and TB are still pertinent and they still need to be addressed;

### **Urges Member States to:**

1. Review and implement integrated comprehensive National TB and HIV policy guidelines.
2. Establish X/MDR Task Force to ensure implementation and monitoring of the Global framework and report on the number of X/MDR cases notified and treated
3. Develop and expand capacity for diagnosis of drug resistant TB, strengthen quality DOTS and allocate adequate resources for management of X/MDR-TB.

### **Urges the Secretariat to:**

1. Support Member States to review National TB/HIV policy guidelines.
2. Harmonize, Coordinate and monitor Member States activities on Extensive and Multi Drug Resistance-TB (X/MDR-TB) and fill the position of Manager, HIV/AIDS, TB and Infectious Diseases according to the structure when funds allow,
3. Implement the 48<sup>th</sup> ECSA HMC resolutions on HIV and TB (ECSA/HMC48/R7) on supporting Member States to establish and strengthen laboratory services for diagnosis and monitoring X/MDR TB.
4. Strengthen pharmaceutical management systems and implement the 46<sup>th</sup> ECSA Health Ministers Resolution (ECSA/HMC46/R3) and fill the position of Manager, Pharmaceuticals and Medical Supplies at ECSA Secretariat when funds allow.

## **ECSA/HMC50/R11: Expression of Gratitude to Partners of the ECSA Health Community**

### **The 50<sup>th</sup> 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, financial and moral support;
- **Aware** of the existing health challenges and the need to increase investment in the health sector in order to accelerate the attainment of MDGs, regional, continental and international goals;
- **Cognizant** of the critical role that technical and financial support of partners plays in the scaling up of health interventions towards the attainment of the MDGs and the need to sustain this support;
- **Noting** with appreciation the continued support from partners to Member States and the ECSA Secretariat towards the Implementation of the resolutions of the Health Ministers' Conference, and regional and national programs:
  1. Reaffirms its commitment to continue the implementation of agreed Projects/programs of work with partners;
  2. Commits to the strengthening of the coordination of partners at regional and country level;
  3. Endeavours to ensure sustainability of programs supported by partners.

### **ECSA/HMC50/R12: Expression of Gratitude to His Excellency the President, the Government and the people of the Republic of Uganda.**

### **The 50<sup>th</sup> Health Minister's Conference,**

- **Noting** with profound gratitude the acceptance by the Ministry of Health of the Republic of Uganda to host the 50<sup>th</sup> Health Minister's Conference;
- **Impressed** by the excellent planning, coordination and preparations that went into all conference activities;
- **Further impressed** by the rich culture and scenic beauty of the Republic of Uganda;
- **Overwhelmed** by the hospitality and generosity extended by His Excellency the President of the Republic of Uganda and Government to the Ministers and their delegations, and all the participants;
- **Recognizing** the sacrifices made by His Excellency the President of the Republic of Uganda and Government to ensure such a successfully organized conference:
  1. Wishes to express profound gratitude to the President of the Republic of Uganda, His Excellency Yoweri Kaguta Museveni, the Government and the people of the Republic of Uganda;
  2. Humbly requests the Minister for Health of the Republic of Uganda to convey the individual and collective gratitude of the Health Ministers and delegates, to the Right Honorable First Deputy Prime Minister, Republic of Uganda for opening the 50<sup>th</sup> Health Ministers Conference.

**52<sup>nd</sup> Health Ministers' Conference**  
**25 – 29 October 2010, Harare, Zimbabwe**

**Resolutions of the 52<sup>nd</sup> Health Ministers' Conference**

**Introduction**

The 52<sup>nd</sup> Health Ministers Conference took place from 25<sup>th</sup> to 29<sup>th</sup> October at the Meikles Hotel, Harare, Zimbabwe, under the theme: ***Moving from Knowledge to Action: Harnessing Evidence to Transform Healthcare***, and made following resolutions:

Resolution ECSA/HMC52/R1: Evidence Based Policy Making  
Resolution ECSA/HMC52/R2: Universal Health Coverage  
Resolution ECSA/HMC52/R3: Maternal Child Health/Reproductive Health/Family Planning  
Resolution ECSA/HMC52/R4: Gender Based Violence and Child Sexual Abuse  
Resolution ECSA/HMC52/R5: HRH Leadership and Management for Quality Health Services  
Resolution ECSA/HMC52/R6: Prioritizing Nutrition Interventions  
Resolution ECSA/HMC52/R7: Strengthening Monitoring and Evaluation systems  
Resolution ECSA/HMC52/R8: Strengthening Response to MDR and XDR  
Resolution ECSA/HMC52/R9: Strengthening Partnerships for health  
Resolution ECSA/HMC52/R10: Expression of Gratitude to Partners of ECSA HC  
Resolution ECSA/HMC52/R11: Expression of Gratitude to the President, Government and People of Zimbabwe

**ECSA/HMC52/R1: Evidence Based Policy Making**

**The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

- **Concerned** by the persisting gap between knowledge on what works and what is actually done;
- **Aware** of the need for properly planned and executed implementation research, with emphasis on initial understanding, programme design, programme implementation and impact of a given policy, program or intervention;
- **Noting** the existence of evidence-based high impact interventions for both communicable and non-communicable diseases; and **recognizing** the need to introduce and scale up such proven high impact interventions;
- **Noting** the persistence of implementation gaps in spite of available evidence based policies on high impact interventions;
- **Further recognizing** the multiplicity of factors that influence policy dialogue;
- **Mindful** of the critical role played by clinical champions or advocates, researchers and policymakers in influencing use of research evidence for policy making;
- **Cognizant** of the limited use of locally generated evidence to influence policy within the region;
- **Concerned** that little innovative research and development happens in our region, even on problems that are highly prevalent in our countries, and **fully aware** of the growing need to strengthen innovative research and development for essential drugs, vaccines and diagnostics in the ECSA region;
- **Noting** the limited involvement of regional bodies, including ECSA HC, in the knowledge translation process and use of research evidence to improve health sector performance; and
- **Determined** to ensure that the body of evidence generated within Member States influences policy towards action for the transformation of health care in our countries:



### **Urges Member States to:**

1. Promote, support and advocate for implementation research on approaches to introduce and rapidly scale up high-impact interventions to achieve MDGs through involvement of implementers and policy makers in the research process from initiation to implementation;
2. Promote use of evidence in decision making and policy formulation;
3. Strengthen policy to promote innovation in Research and Development in priority areas such as essential drugs, diagnostics and other health products;
4. Strengthen or establish a formal mechanism to bring together all in-country stakeholders, including researchers, trainers, academics, programme implementers, intended beneficiaries and the policy makers to meet and review evidence for policy making and implementation strategies before plans for the subsequent year are made;
5. Strengthen national research priority agenda and ensure it is aligned to disease burden with available resources, and accountability mechanisms in the policy making process and the conduct of implementation research; and
6. Establish a centre for the documentation, monitoring and evaluation of health research conducted within the country.

### **Directs the Secretariat to:**

1. Coordinate linkage of all the documentation centers for health research within the region;
2. Conduct an assessment of success factors for using evidence in policy making and programming by September 2011;
3. Support member state collaboration to promote innovation in Research and Development in priority areas such as essential drugs, diagnostics and other health products;
4. Work with Member States to identify and/or strengthen centres of excellence for collaboration on priority issues in the region;
5. Support and facilitate the dissemination of knowledge translation products from implementation research within the region;
6. Mobilize resources to support member state efforts the utilization of evidence for policy making, including implementation research, scale up of high impact interventions and adaptation of effective interventions; and
7. Support and advocate for stronger leadership to ensure that performance improvement approaches are institutionalized.

## **ECSCA/HMC52/R2: Universal Health Coverage**

### **The 52<sup>nd</sup> ECSCA Health Ministers' Conference,**

- **Recalling** Resolution ECSCA/HMC50/R1 which urged Member States to develop context specific mechanisms for pre-paid health financing mechanisms, including social and community health insurance;
- **Considering** the growing global movement towards universal health coverage that encompasses health insurance;
- **Aware** that the next World Health Report (WHR 2011) will be devoted to the issue of universal health coverage
- **Further aware** that other regions have started addressing the issue of universal health coverage, for instance through appropriate resolutions strategic plans

- **Recognizing** the opportunity to leverage resources for equitable access to health services that is provided by the global movement towards universal health coverage:

**Urges Member States to:**

1. Engage with the international community/global movement towards universal health coverage in order to mobilize the necessary technical and financial resources for accelerating the implementation of Resolution ECSA/HMC50/R1.

**Directs the Secretariat to:**

1. Support Member States in engagement with the international community on universal health coverage
2. Track, document, disseminate and facilitate the sharing of information on developments towards universal health coverage

**ECSA/HMC52/R3: Maternal Child Health/Reproductive Health/Family Planning**

**The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

1. **Recalling** that the issues of improving maternal health and preventing both maternal morbidities and mortalities have been discussed at various ECSA Health Ministers' Conferences, with resolutions at the 26th RHC of 1997; and Resolution RHC32/R1, Resolution RHC40/R2, Resolution RHC 42/R8 Resolution RHC32/R1, Resolution RHC40/R2, Resolution RHC 42/R8, Resolution RHC42/R9, Resolution ECSA/HMC44/R1, Resolution ECSA/HMC46/R3, Resolution ECSA/HMC48/R1 and Resolution ECSA/HMC48/R5;
2. **Acknowledging** the devastating impact of obstetric fistula on the lives of girls and women; and **recognizing** that obstetric fistula is still largely neglected in developing countries, including in the ECSA region;
3. **Cognizant** of the fact that obstetric fistula still exist in low resource countries due to failure of health care systems to provide accessible, quality maternal health care services including family planning, skilled birth attendance, basic and emergency obstetric care and affordable treatment of obstetric fistula;
4. **Aware** of the impact of social and cultural systems that fail to provide safety nets for girls and women; and that women in low resource countries continue to endure conditions that are preventable and treatable;
5. **Concerned** that efforts at international, regional and national levels on fistula prevention, treatment and care remain sporadic, uncoordinated and with inadequate resource allocation;
6. Gratified to note the Model Fistula Policy for ECSA Health Community which was launched by the Chairman of the ECSA Conference of Health Ministers on 28 October 2010;
7. **Recalling** the previous resolutions on family planning, especially ECSA/HMC48/R5 and
8. ECSA/HMC46/R4;
9. **Acknowledging** that high impact family planning interventions have been identified at global level and that they can be applied at regional and national levels;
10. **Noting** the inadequacy of appropriate services for adolescents and youths, and yet these are among the populations most vulnerable to unwanted and unplanned pregnancies and HIV infection; and
11. **Recognizing** the growing body of evidence in support of specific task shifting to meet family planning demand, particularly in hard to serve areas, and that long acting methods are effective in improving access and meet the demands:

**Urges Member States to:**

1. Adopt/adapt the Model Fistula Policy and translate it into effective programmes for implementation, including the establishment of multi-sectoral structures, as appropriate;
2. Develop a comprehensive training programmes at pre and in-service levels to address issues of stigma, attitude, client care and quality service provision putting into consideration the cultural/traditional concerns;
3. Accelerate implementation of Resolution ECSA/HMC48/R5 which comprehensively addressed issues of task shifting to address unmet family planning needs, unsafe abortion and post abortion care;
4. Develop mechanisms for the evaluation and use of cost effective, long acting family planning methods;
5. Develop guidelines and standards for delivery of family planning services in underserved/hard to reach areas;
6. Link the best practices identification process with the high impact interventions based on global and regional evidence; and
7. Strengthen evidence based youth friendly family planning and other reproductive health services.

**Directs the Secretariat to:**

1. Coordinate the regional response and sharing of best practices and implementation lessons on obstetric fistula;
2. Mobilize resources to support implementation of the policy on obstetric fistula at country level;
3. Develop common indicators for monitoring the implementation of the policy on obstetric fistula and provide technical assistance to Member States to monitor and evaluate implementation of the policy;
4. Support Member States to review and use emerging low cost highly effective long acting and barrier family planning methods for both males and females;
5. Support Member States in the implementation of Resolution ECSA/HMC48/R5; and
6. Develop guidelines and standards for delivery of family planning services in underserved/hard to reach areas.

**ECSA/HMC52/R4: Gender-based Violence (GBV) and Child Sexual Abuse (CSA)**

**The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

- **Concerned** that GBV and CSA are pervasive human rights issues with major public health consequences;
- **Recognizing** the international conventions, commitments, charters and treaties that have been passed on GBV and CSA;
- **Recalling** RHMC/42/R8 of 2006 that directed the Secretariat to facilitate the documentation and sharing of best practices on establishment and enforcement of legislation on sexual offenses especially against women and children.
- **Further recalling** Resolution ECSA/HMC48/R6 of 2009 which directed the Secretariat to develop a prototype policy on prevention and response to GBV and CSA,
- **Having noted with appreciation** that the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse has been developed, and was launched by the Chairman of the Health Ministers Conference on 28 October 2010;

**Urges Member States to:**

1. Adopt/adapt, and implement the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse; and
2. Establish and/or strengthen a National Gender Commission to oversee GBV- and CSA related interventions, including coordination, advocacy and establishment of monitoring and evaluation systems

**Directs the Secretariat to:**

1. Facilitate information sharing on best practices and networking on GBV and CSA;
2. Accelerate the implementation of the previous resolutions on GBV and CSA and supports Member States to implement the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse; and
3. Support national efforts aimed at implementing GBV and CSA related policies and interventions.

**ECSA/HMC/R5: Human Resources for Health Leadership and Management for Quality Health Services**

**The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

- **Recalling** previous resolutions on strengthening HRH within Member States; including ECSA/HMC46/R4 and ECSA/HMC48/R2;
- **Further recalling** Resolutions ECSA/HMC50/R2 and R3 that addressed the need for leadership, stewardship and governance at all levels of the health system, including global health diplomacy;
- **Aware** that the World Health Assembly (WHA), through Resolution WHA63.8, adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel which, inter alia, asks Member States to report periodically to the WHA;
- **Aware** that human resources for health shortages remain a constraint to expanding access to essential services within the region;
- **Realizing** that such shortages are due to a multiplicity of factors such as emigration, poor remuneration, poor working environment and the low morale especially among nurses and midwives;
- **Recognizing** the progress and promising practices in attraction and retention of health personnel so far by some of the Member States;
- **Aware** that WHO recently launched evidence-based Global policy recommendations on increasing access to health workers in remote and rural areas through improved retention; and
- **Recognizing** the great need for leadership and management skills among cadres such as the nurses and midwives, who are often the only health professionals especially at the lower levels of the health system:

**Urges Member States to:**

1. Accelerate the implementation of the ECSA initiative on supporting strategic leadership in global health diplomacy in the ECSA region;
2. Provide safe and conducive working environment at the workplaces in the spirit of the Positive Practice Environment;

3. Mobilize resources to attract and retain health personnel through provision of attractive retention packages for health personnel to improve equity and access to health services especially in rural and remote areas;
4. Strengthen nursing and midwifery training, regulation, service delivery and leadership and management skills to ensure quality health care, especially at the lower levels of the health system; and
5. Share existing best and promising practices on attraction and retention of health personnel, and evidence on implementation of WHO Global Code of Practice on the International Recruitment of Health Personnel on within the region.

**Directs the Secretariat to:**

1. Support Member States in the adoption and implementation of the initiative on strategic leadership in global health diplomacy.
2. Support countries in conducting continuing leadership and management courses for quality health care programmes, and facilitate the extension of such leadership and management courses to nurses and midwives at lower levels of the health system;
3. Develop a prototype attraction and retention package for health personnel in the region, based on the WHO Guidelines, country experiences and best practices in the region by October 2011;
4. Provide a monitoring framework and standardize M & E tools to track improvement in the quality of health service delivery in Member States;
5. Work with regional partners in monitoring the WHO Global Code of Practice on the International Recruitment of Health Personnel, and d present a regional assessment on the implementation of the Code to the HMC54 (2011);
6. Advocate for the integration of leadership and management in pre-service and in-service training curriculum; and
7. Support Member States to strengthen nursing and midwifery faculty for scaling up pre- and in-service training programmes.

**ECSA/HMC52/R6: Prioritizing Nutrition Interventions**

**The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

- **Concerned** at the he slow progress towards attaining the health and nutrition related MDGs – MDG1 on reduction of extreme poverty and hunger, MDG4 and MDG5 on child and maternal mortality and the implications that nutrition has in achieving the rest of the MDGs;
- **Alarmed** by the persistently high rates of macro- and micronutrient malnutrition in the ECSA region;
- **Aware** that nutrition has a serious impact on human, social and economic development and is an underlying cause of 50% deaths in children under five years of age as demonstrated in the Lancet Series on Maternal and Child Under-nutrition;
- **Concerned** with the unacceptably high rates of stunting in the ECSA countries in spite of progress made towards reducing underweight and wasting;
- **Reaffirming** Member States commitment made during the UN-General Assembly Special Session for Children in May 2002 to eliminate hidden hunger that is vitamin and mineral deficiencies;
- **Aware** of commitments made by Heads of State to implement the African Regional Nutrition Strategy, the NEPAD African Nutrition Initiative, and the NEPAD 10-year strategy for combating Vitamin and Mineral Deficiency with focus on long-term household food security and ending child hunger and under-nutrition in the Abuja Declaration;

- **Noting** the progress made by the Secretariat in developing fortification guidelines, materials and tools, as well as capacity building of Member States;
- **Gratified** by the progress made in building capacity in implementation of Essential Nutrition Actions in the Member States;
- **Recognizing** that numerous tools that can be used to define critical nutrition resource needs and gaps, advocate for funding and calculate realistic targets have been developed; and
- **Aware** that the past HMC Resolutions on Non-Communicable Diseases, including Resolution ECSA/HMC50/R8, are yet to be implemented:

#### **Urges Member States to:**

1. Implement previous resolutions on Non-Communicable Diseases, including Resolution ECSA/HMC50/R8;
2. Establish functional inter-sectoral coordination mechanisms with mandate to hold public and private sector accountable on nutrition related responsibilities;
3. 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;
4. Develop and implement country-led nutrition capacity development action plans.
5. Use appropriate tools to prioritize, plan and cost nutrition interventions in country led planning processes.
6. Identify essential nutrition products to be considered for tax exemption.

#### **Directs the Secretariat to:**

1. Support Member States to implement previous resolutions on Non-Communicable Diseases, including Resolution ECSA/HMC50/R8;
2. Support Member States to implement known high impact interventions such as essential nutrition actions, food fortification and others to accelerate achievement of nutrition related targets;
3. Coordinate nutrition actions in the region, and identify, document and disseminate best practices;
4. Develop advocacy tools and materials, and conduct advocacy activities targeted to different groups to strengthen implementation of nutrition interventions;
5. Support establishment of nutrition surveillance systems at regional and country level; and
6. Initiate collaborations that enhance support of country programs on NCDs.

### **ECSA/HMC52/R7: Strengthening M&E Systems**

#### **The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

- **Noting with** concern that despite measures undertaken to strengthen M&E systems at country level, Member States still face challenges in establishing and maintaining robust M&E systems within the public sector;
- **Acknowledging** that strengthening of M&E systems requires a significant increase in resources allocated to the central and lower levels of the health system;
- **Aware** that the role of M&E in generating evidence for planning and policy making is increasingly being recognized at country and regional level;
- **Further noting** the need to monitor and evaluate progress toward the scale up of best practices in the region; and
- **Concerned that** data from the private sector and non-state actors is not adequately captured in the national HMIS and that there is low compliance with reporting:

### **Urges Member States to:**

1. Promote strategies for improved utilization of M & E data in the implementation of interventions;
2. Facilitate involvement of the private sector and non-state actors in national HMIS towards better compliance with reporting requirements;
3. Accelerate the integration of vertical M&E systems; and
4. Progressively increase budget allocation for M&E to the ministries of health

### **Directs the Secretariat to:**

1. Develop and adopt regional minimum set of standards for M&E;
2. Identify innovative approaches for M&E scale up of best practices;
3. Establish and support regional capacity building programme on M&E;
4. Develop mechanisms to improve data quality, analysis and reporting; and
5. Advocate for increased budget allocation for M&E activities.

### **ECSCA/HMC52/R8: Strengthening Response to Multi Drug Resistant (MDR) and Extensive Drug Resistant Tuberculosis (XDR-TB)**

#### **The 52<sup>nd</sup> ECSCA Health Ministers' Conference,**

- **Recalling** ECSCA Health Ministers Resolutions ECSCA/HMC48/R7 on HIV and AIDS, TB and Malaria, and ECSCA/HMC50/R10 on Management of HIV/AIDS and Tuberculosis in the ECSCA region;
- **Recognizing** Member State efforts in managing drug resistant tuberculosis (DR-TB);
- **Particularly concerned** about the high morbidity and mortality associated with DR-TB due to lack of second line anti-TB Drugs, coupled with existing gaps in reporting and drug therapy monitoring;
- **Concerned** about inadequate infection control measures in health care settings and the risk it poses to other patients and health workers;
- **Acknowledging** that implementation of previous resolutions on proper TB/HIV management and DR-TB has been slow and needs to be fast tracked; and
- **Reaffirming** the importance of, and urgent need for, proper DR-TB preventive and management strategies in Member States;

### **Urges Member States to:**

1. Accelerate implementation of ECSCA Health Ministers Resolutions ECSCA/HMC48/R7 and ECSCA/HMC50/R10;
2. Ensure adequate supply of quality assured second line anti-TB drugs to all DR-TB patients, backed by strengthened pharmacovigilance and surveillance systems; and
3. Prioritize the implementation of infection control measures in health care settings.

### **Directs the Secretariat to:**

1. Document and disseminate best practice models of management of DR-TB care in ECSCA region;
2. Strengthen monitoring of Programmatic Management of Drug Resistant TB (PMDT) in ECSCA region; and

3. Facilitate the Green Light Committee process for Member States.

### **ECSA/HMC52/R9: Partnerships for Health**

#### **The 52<sup>nd</sup> ECSA Health Ministers' Conference,**

- **Aware** of the need for local, regional, international and global partnerships for the sustained response to the high disease burden in the ECSA region;
- **Recognizing** the need to overcome the gap in transfer and application of best practices and in scaling up such best practices;
- **Mindful** of the need to avoid duplication of efforts in our resource constrained countries;
- **Noting** promising practices in partnerships to overcome gaps, such as that between the College of Anesthetists of Ireland and the Government of Malawi, and initiatives towards social transformation through addressing health education and gender issues;
- **Realizing** that it is partnerships based on the comparative advantages of the parties involved that yield the best results; and
- **Appreciating** with gratitude the ongoing support by many partners to the health agenda in the region:

#### **Urges Member States to:**

1. Accelerate implementation of ECSA/HMC50/R2 on global health diplomacy and ensure that partner involvement in health programmes is aligned and harmonized with national health policies, plans and priorities; and
2. Develop mechanisms for tracking health care investment and evaluating the outcomes of such cooperation

#### **Directs the Secretariat to:**

1. Develop an ECSA health care information gateway focusing on best practices for health and the need to reduce asymmetry of information between countries;
2. Develop a prototype framework for partnership and cooperation in health;
3. Facilitate the dissemination and sharing of information and experiences on partnerships and cooperation in health; and
4. Facilitate the establishment of a College of Anesthesia within the proposed ECSA College of Health Sciences.

### **Resolution ECSA/HMC52/R10: Expression of Gratitude to Partners of the ECSA Health Community**

#### **The 52<sup>nd</sup> Health Ministers' Conference,**

- **While acknowledging** the continuing engagement and contribution of Partners to gains in the health sector in the region;
- **Aware** of the challenges in resourcing health services occasioned by the disparity between the disease burden and income levels in the ECA region, and by global developments such as the recent global credit crisis
- **Fully appreciating** the technical, material and financial support extended by many partners and stakeholders towards the realization of the health agenda in the region;
- **Appreciating in particular** that many gains towards the attainment of the MDGs have been through the generous support of various partners and stakeholders that continue to support Member States, the Secretariat and the ECSA Colleges; and



- **Recognizing** that without the support of partners many of the ambitious intentions set out in the Resolutions above will be difficult to implement:
  1. Expresses its gratitude to all partners and stakeholders, local, national, regional, international and global for supporting the realization of the programmes of the ECSA HealthCommunity
  2. In the spirit of previous Health Ministers Conferences, reiterates the commitment of all organs of the ECSA Health Community to continue collaborative efforts towards the implementation of agreed areas of work with partners;
  3. Remains committed to the strengthening of the coordination of partners at regional and country level, in the spirit of the three-ones; and
  4. Pledges its commitment to continuing cordial engagement with all partners towards better health outcomes in the region.

### **ECSA/HMC52/R11: Expression of Gratitude to the President, Government and the People of Zimbabwe**

#### **The 52<sup>nd</sup> Health Ministers' Conference,**

- **Appreciating** the enabling environment provided by the Government of the Republic of Zimbabwe to the Ministry of Health and Child Welfare to host the 52nd ECSA Health Ministers Conference;
- **Aware** that the meticulous planning, coordination, preparations and resource commitment that contributed to the success of the 52nd Health Ministers Conference must have come at high cost and much sacrifice;
- **Impressed** by the African welcome, generosity and camaraderie extended to the Ministers, Country delegates, partners and all participants by the people of Zimbabwe and residents of Harare in particular;
- **Humbled** by the attention to detail that went into ensuring an efficiently run, highly productive and very successful 52nd Health Ministers Conference:
  1. Wishes to express its gratitude to the President, Government and the people of the Republic of Zimbabwe;
  2. Humbly requests the Minister for Health and Child Welfare of the Republic of Zimbabwe to convey the individual and collective gratitude of the Health Ministers and delegates, to **the Right Honourable Prime Minister**, Republic of Zimbabwe, for the message delivered on his behalf by the Minister of State in the Prime Minister's Office at the opening the 52nd Health Ministers Conference; and
  3. Congratulates the Ministry of Health and Child Welfare of the Republic of Zimbabwe for hosting a successful 52nd Health Ministers Conference.

**54<sup>th</sup> Health Ministers' Conference**  
**21-25 November, 2011, Republic of Kenya**

**Resolutions of the 54<sup>th</sup> Health Ministers' Conference**

**Introduction**

The 54<sup>th</sup> Health Ministers' Conference (HMC) was held at the Nyali International Beach Hotel, Mombasa, Republic of Kenya, under the theme:

**Consolidating the Gains: Addressing High Impact Interventions for Improved Health Outcomes.**

The deliberations during the Conference fell under the following sub-themes:

- Going to Scale, Revisiting the Paris Declaration: Implications for the Health Sector
- Improving Capacity for Health Research and its Utilization
- Integration of Programmes as an Approach to reduce Disease Burden
- Accelerating the Response to NCDs in the ECSA region

At the end of the Conference, the Ministers passed the following Resolutions:

ECSA/HMC54/R1: Revisiting the Paris Declaration: Greater Investments in the Health Sector

ECSA/HMC54/R2: On Research Capacity and Utilisation

ECSA/HMC54/R3: Accelerating the Response to Non Communicable Diseases (NCDs)

ECSA/HMC54/R4: On Guidelines on Clinical Management of Child Sexual Abuse

ECSA/HMC54/R5: Strengthen the Integration of Programmes, with a focus on attainment of MDGs 4, 5 and 6.

ECSA/HMC54/R6: On Innovative uses of Health Information Technologies and Systems

ECSA/HMC54/R7: Expression of Gratitude to Partners of the ECSA Health Community

ECSA/HMC54/R8: Expression of Gratitude to the Government and the People of the Republic of Kenya

*The full text of the eight (8) Resolutions follows*

**ECSA/HMC54/R1: Revisiting the Paris Declaration: Greater Investments in the Health Sector**

**The 54<sup>th</sup> ECSA Health Ministers' Conference:**

- **Re-affirming** the need for Country ownership, alignment of aid to country strategies, aid harmonisation, managing for results and mutual accountability in the spirit of the Paris Declaration on Aid Effectiveness;
- **Informed by** the six elements of the Tunis Consensus that are central to the African agenda for development effectiveness, namely: (i) Building capable States; (ii) Developing democratic accountability; (iii) Promoting South to South cooperation; (iv) Thinking and acting regionally; (v) Embracing new development partners; and (vi) Outgrowing aid dependence;
- **Mindful of** the fact that our countries still experience challenges in getting donors to align aid to their priorities and strategies; and that external aid comes with a predetermined agenda, without recipient country input;

- **Committed to** the development of a common regional voice on development cooperation that recognises the potential and need for stronger economic integration across the continent;
- **Concerned by** the persistent state of low domestic resource mobilisation capacity in most of the ECSA countries; and
- **Re-affirming** *Resolution ECSA/HMC52/R9* on Partnerships for Health,

**Urges Member States to:**

1. Devise innovative ways of leveraging both domestic and external resources for health to support equitable funding for health, through methods such as national, social or community health insurance that provide social protection especially to the poor.
2. Strengthen mechanisms such as National Health Accounts (NHAs) to track resource allocation to various components of health, including research.

**Directs the Secretariat to:**

1. Support Member States in the implementation of this Resolution, and report on progress in this regard within the region at the 58<sup>th</sup> HMC.

**ECSA/HMC54/R2: On Research Capacity and Utilisation**

**The 54<sup>th</sup> ECSA Health Ministers' Conference:**

- **Reaffirming** *Resolution ECSA/HMC52/R1* that underlines the need to bridge the gap between research findings and their utilisation within the Member States;
- **Acknowledging** that the issues raised at the 52<sup>nd</sup> HMC, including the need to scale up high impact interventions, remain relevant today;
- **Acknowledging** that there has not been enough time for both the Member States and the Secretariat to implement fully the above-cited resolution of the 52<sup>nd</sup> HMC; and
- **Noting** efforts in the region through research and other collaborative initiatives, such as the East African Public Health Laboratory Networking Project (EAPHLN) for Laboratories to generate evidence through operational research for tuberculosis and other communicable diseases, and the SADC Supranational Reference Laboratories (SNRLs) for HIV/AIDS, TB and Malaria,

**Urges Member States to:**

1. Strengthen efforts to implement *Resolution ECSA/HMC52/R1* on evidence-based policy making
2. Develop capacity for health research
3. Create mechanisms for the validation and utilization of research findings within the countries

**Directs the Secretariat to:**

1. Support Member States to implement *Resolution ECSA/HMC52/R1* on evidence-based policy making.
2. Work with Member States to develop capacity for health research.
3. Work with Member States to create mechanisms for the utilization of research findings, and report on progress at the 56<sup>th</sup> HMC

**ECSA/HMC54/R3: Accelerating the Response to Non Communicable Diseases (NCDs)  
The 54<sup>th</sup> ECSA Health Ministers' Conference:**

- **Informed by** the commitments made by the Heads of State and Government at the High Level UN Summit of NCDs that, *inter alia*, calls upon countries to (i) strengthen and integrate, as appropriate; and (ii) Scale up, where appropriate, a package of proven effective interventions, such as health promotion and primary prevention approaches, and galvanize actions for the prevention and control of non-communicable diseases through a meaningful Multi-sectoral response, addressing risk factors and determinants of health;
- **Aware** that our region suffers from a double burden of disease, with communicable and non-communicable diseases;
- **Underlining** the need to consolidate gains so far made towards the control of communicable diseases in the region;
- **Recalling** *Resolution ECSA/HMC50/R8* and *Resolution ECSA/HMC52/R6*, both of which built upon previous ministerial commitments to tackle NCDs;
- **Aware** that the issues, challenges, concerns and observations that informed the previous HMC resolutions remain relevant and applicable within the region; and
- **While noting, and appreciative of**, the progress being made by Member States on some of the NCDs,

**Urges Member States to:**

1. Develop and/or strengthen appropriate strategies, and mobilise and allocate more resources to the prevention and management of priority NCDs
2. In line with the High Level Declaration on NCDs of September 2011, foster the development of Multi-sectoral public policies that create equitable health-promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives.

**Directs the Secretariat to:**

1. Conduct a regional analysis on progress in implementation of the past resolutions on NCDs and report to the 56th HMC.

**ECSA/HMC54/R4: On Guidelines on Clinical Management of Child Sexual Abuse**

**The 54<sup>th</sup> ECSA Health Ministers' Conference:**

- **Recalling once again** *Resolution RHMC/42/R8 (2006)* that directed the Secretariat to facilitate the documentation and sharing of best practices on establishment and enforcement of legislation on sexual offenses especially against women and children;
- **Acknowledging** that Member States have instituted country-specific responses to the problem of child sexual abuse
- **Cognizant** of the fact that the Secretariat, together with Member States and partners, has developed guidelines on the comprehensive management of CSA,

**Urges Member States to:**

1. Adopt and adapt the Clinical Management of CSA Guidelines
2. Review and/or develop appropriate legislation to enable implementation of the CSA Guidelines

3. Develop capacity to utilise/implement the Clinical Management of CSA Guidelines

**Directs the Secretariat to:**

1. Disseminate the Clinical Management of CSA Guidelines
2. Support Member States to adopt and adapt the Clinical Management of CSA Guidelines.
3. Support Member States to develop capacity for the implementation of Clinical Management of CSA Guidelines

**ECSA/HMC54/R5: Strengthen the Integration of Programmes, with a focus on attainment of MDGs 4, 5 and 6.**

**The 54<sup>th</sup> ECSA Health Ministers' Conference:**

- **Re-affirming** *Resolution ECSA/HMC52/R3* on Maternal Child Health/Reproductive Health/Family Planning, which underscored the need to address issues of MNCH and RH, including family planning;
- **Mindful** of the fact that much of the resolution was informed by previous commitments, including integration of HIV services with MNCH and RH, that were yet to be fully implemented;
- **Acknowledging** that weak linkages between PMTCT programs and MNCH, & family planning programs hamper the delivery of an integrated package of services;
- **Aware** of constraints such as low HRH density and inadequate skills, poor accessibility, even in the face of compelling evidence;
- **Persuaded** by the compelling evidence on effective PMTCT approaches for the elimination of paediatric HIV infection by 2015;
- **Galvanized** by the health care commitments made by Heads of Government at the Commonwealth Head of Government Meeting (CHOGM), October 2011, that included commitments to universal access to health care, services to improve maternal and reproductive health, and addressing leading causes of death among children under five, and
- **Guided** by continental initiatives such as the CARMMA adopted by the African Union;

**Urges Member States to:**

1. Leverage more resources and reinforce efforts towards the implementation of previous resolutions on MNCH, RH and FP for the achievement of MDGs 4, 5 and 6.
2. Develop integrated strategies to eliminate mother to child transmission of HIV, and implement the Global Plan on Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive.
3. Develop appropriate integrated strategies to reduce first, second and delays in accessing MNCH services.
4. Strengthen efforts and intensify integrated training programmes to increase the number of skilled birth attendants.

**Directs the Secretariat to:**

1. Conduct a regional analysis on the current status on the implementation of PAC services within existing national laws, with a view to identify barriers and enabling factors to implementation.
2. Continue supporting Member States in the implementation of previous ministerial resolutions and provide progress reports to the HMC.

3. Support Member States in developing appropriate strategies to reduce first and second delays in seeking service delivery in facilities
4. Develop a standard integrated practice package for expanding access to PMTCT, FP and MNCH at the community level.

### **ECSA/HMC54/R6: On Innovative uses of Health Information Technologies and Systems**

#### **The 54<sup>th</sup> ECSA Health Ministers' Conference:**

- **Cognizant** of evidence novel and creative ways of utilizing current e-health technologies such as mobile digital diagnostic technology to improve the accuracy and response to rapid diagnostic tests, and mobile telephony in the follow-up of patients;
- **Aware** that this technology is often available and usable where no other infrastructure may exist
- **Noting** the existing need to improve diagnostic data capture, maintain diagnostic accuracy and the need for real time data for decision making
- **Appreciating** the progress made in many Member States in the development and utilization of HRIS;
- **Recalling** ECSA/HMC46/R2 on improving Human Resources for Health for Effective Health Care Services which called upon Member States to establish HRH Observatories
- **Aware** that ECSA HC has been one of the major partners in the African HRH Observatory initiative;
- **Re-affirming** Resolution ECSA/HMC46/R9 on Strengthening Use of Information Technologies for Health Care

#### **Urges Member States to:**

1. Adapt and validate e-health technologies to improve the efficiency, quality and use of health services.
2. Apply evidence based solutions to increase the number of health workers to match workload requirements.

#### **Directs the Secretariat to:**

1. Support Member States in the adaption and validation of mobile and other e-health technologies to improve the efficiency and quality of health services.
2. Support Member States to establish or strengthen national HRH Observatories based on functional human resource information systems (HRIS);
3. Work with Member States and partners, including the private sector, to establish and support a network of HRIS experts/practitioners.

### **ECSA/HMC54/R7: Expression of Gratitude to Partners of the ECSA Health Community**

#### **The 54th Health Ministers' Conference:**

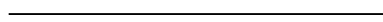
- **Acknowledging** the contribution and support of Partners towards health programmes in the region;
- **Appreciating** partners' commitment even in the face of the global financial challenges which have affected access of funds committed to health;

- **Gratified** by 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:
  1. Expresses its gratitude to the partners for the continuing support for health in the ECSA Region.
  2. Remains committed to working with partners in the spirit of the Paris Declaration and the Tunis Consensus.

**ECSA/HMC54/R8: Expression of Gratitude to the Government and the People of the Republic of Kenya**

**The 54th Health Ministers' Conference:**

- **Noting** with profound gratitude the acceptance by the Government of the Republic of Kenya, through the Ministry of Public Health and Sanitation and the Ministry of Medical Services, to host the 54th Health Ministers Conference;
- **Aware** that the excellent planning, coordination and preparations that went into all conference activities must have taken great effort and occasioned much sacrifice;
- **Dazzled** by the enchanting history, rich culture, culinary delights and beautiful beaches of the host city of Mombasa;
- **Registering appreciation** for the hospitality and generosity extended by the Government of the Republic of Kenya to the Ministers and their delegations, our partners and all the participants:
  1. Wishes to express its gratitude to the Government and the people of the Republic of Kenya
  2. Humbly requests the Minister for Public Health and Sanitation of the Republic of Kenya to convey the individual and collective gratitude of the Health Ministers and delegates, to **His Excellency, Stephen Kalonzo Musyoka**, Vice President of the Republic of Kenya, for opening the 54<sup>th</sup> Health Ministers Conference.



**56<sup>th</sup> Health Ministers' Conference**  
**13 - 14 December 2012 Arusha, United Republic of Tanzania**

**Resolutions of the 56<sup>th</sup> Health Ministers' Conference**

**Introduction**

The 56<sup>th</sup> ECSA Health Ministers' Conference (HMC) was held on December 13-14, 2012 at the Ngurdoto Mountain Lodge, Arusha, United Republic of Tanzania, under the theme: ***Accelerating and Scaling Up Best Practices in the ECSA Region***. The 56<sup>th</sup> Health Ministers' Conference passed the following Resolutions:

- ECSA/HMC56/R1: Renewing Commitment to Health Workforce Best Practices  
ECSA/HMC56/R2: Innovations for improving Quality of Care in Reproductive Health (RH), Maternal, New born and Child Health (MNCH), and Nutritional Interventions  
ECSA/HMC56/R3: Enhancing Diagnostic Capacity in the Region  
ECSA/HMC56/R4: Health Financing and Equity in Maternal, New born and Child Health (MNCH)  
ECSA/HMC56/R5: Recognition and Rewards for Excellence  
ECSA/HMC56/R6: Expression of Gratitude to Partners of the ECSA Health Community  
ECSA/HMC56/R7: Expression of Gratitude to the Government and People of the United Republic of Tanzania

**ECSA/HMC56/R1: Renewing Commitment to Health Workforce Best Practices**

The 56<sup>th</sup> ECSA Health Ministers' Conference (HMC):

- **Recalling** previous HMC commitments, including *ECSA/HMC46/R1: Strengthening Health Systems to Ensure Equitable Access to Health Care*, *ECSA/HMC46/R2: Improving Human Resources for Health for Effective Health Care Services*, and *ECSA/HMC50/R4 on Improving the Capacities of HRH Departments*,
- **Cognizant** of the continuing shortages, maldistribution and poor retention of skilled health workers, especially in rural and remote areas, in spite of previous commitments such as the HMC Resolution on retention of health workers;
- **Further recognising** that existing health workers are often overworked and poorly remunerated;
- **Aware** that best practices in HRH are not well documented in the ECSA region; and
- **Determined** to forge practical solutions to the HRH crisis in the region;

Now therefore:

**Urges Member States to:**

1. Accelerate implementation of previous HMC resolutions on HRH; and
2. Strengthen and support the country coordination and facilitation (CCF) mechanisms for stronger HRH within the context of health systems strengthening.

**Directs the Secretariat to:**



1. Support Member States in accelerating the implementation of previous resolutions on HRH;
2. Support Member States in operationalizing the CCF mechanisms; and
3. Conduct a review and analysis of all previous HRH resolutions and report to the next DJCC on the progress made by Member States and the Secretariat in the implementation of said the resolutions.

## **ECSA/HMC56/R2: Innovations for improving Quality of Care in Reproductive Health (RH), Maternal, New born and Child Health (MNCH), and Nutritional Interventions**

The 56<sup>th</sup> ECSA Health Ministers' Conference (HMC):

- **Recalling Resolution ECSA/HMC50/R5: Human Resources for Health Leadership and Management for Quality Health Services** which, *inter alia*, urged Member States to strengthen nursing and midwifery training, regulation, service delivery and leadership and management skills to ensure quality health care, especially at the lower levels of the health system; and directed the Secretariat to support Member States to strengthen nursing and midwifery faculty for scaling up pre- and in-service training programmes;
- **Further recalling Resolution ECSA/HMC50/R6: Prioritizing Nutrition Interventions** which urged Member States to, *inter alia*:
  - i. 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;
  - ii. Develop and implement country-led nutrition capacity development action plans.
  - iii. Use appropriate tools to prioritize, plan and cost nutrition interventions in country led planning processes.
  - iv. Identify essential nutrition products to be considered for tax exemption; and

Directed the Secretariat to Support Member States to, *inter alia*,

- i. implement known high impact interventions such as essential nutrition actions, food fortification and others to accelerate achievement of nutrition related targets; and
  - ii. Coordinate nutrition actions in the region, and identify, document and disseminate best practices;
- **Aware** that training under the Helping Babies Breathe (HBB) initiative focuses mainly on nurses and midwives, and that many health workers, including Doctors and clinical officers, lack skills in essential newborn care including neonatal resuscitation;
  - **Recognising** the opportunity provided by global initiatives, such as the UN Secretary General's Strategy for Women and Children, for the region to make significant gains in MNCH;
  - **Acknowledging** the robust tool developed by the WHO based on lessons from the "maternal near miss" and criterion based clinical audits;
  - **Appreciating** that the "maternal near miss" assessment tool provides an opportunity to learn from the women that survive, as well as to monitor the use of best practices using a set of six key indicators.
  - **Concerned** that health worker attitudes and disregard of patient/client preferences may contribute to the low utilization of services by pregnant mothers
  - **Further aware** of promising and best practice innovations in family planning service delivery, such as those employed by the Implementing Best Practices (IBP) initiative through strong partnerships

- **Recalling** past resolutions on gender-based violence (GBV) and child sexual abuse (CSA), such as ECSA/HMC48/R6 that urged Member States to, *inter alia*, develop or review existing GBV legislation, policies, strategies and adequately resourced multi-sectoral implementation plans, and to integrate GBV issues into the training/education programmes for key stakeholders including health workers, education system, media practitioners and the justice system; and directed the Secretariat to, among other actions, strengthen and provide technical assistance to Member States in the integration of GBV into other services including health workers, education system, media practitioners and the justice system; and
- **Acknowledging** the progress made in implementing past resolutions on GBV/CSA, including the development of the ECSA Policy and Guidelines on GBV;

Now therefore:

**Urges Member States to:**

1. Accelerate implementation of previous Resolutions on RH/MNCH and Nutritional Interventions, especially the scale up of nutrition interventions;
2. Implement mandatory food fortification programmes;
3. Accelerate efforts to scale up training in essential newborn care, including HBB and neonatal resuscitation;
4. Develop and/or strengthen quality client-centred and responsive service delivery models that respond to the needs of the population, within the cultural and social context of each community;
5. Implement the Call for Action on Delivering Maternal and Child Health including the Thrive and Survive Initiative;
6. Strengthen maternal mortality audits, and adopt the new WHO maternal near miss assessment tool for the assessment and improvement of maternal and perinatal quality of care; and
7. Integrate GBV/CSA Screening into sexual and reproductive health and HIV and AIDS services.

**Directs the Secretariat to:**

1. Support Member States in the implementation of previous resolutions on MNCH and nutritional interventions, and report on progress in this regard at the next DJCC;
2. Support Member States in implementing and coordinating the activities of the Call for Action on Delivering Maternal and Child Health, including the Survive and Thrive initiative;
3. Support Member States to the development/strengthening quality client-centred and responsive service delivery models that respond to the needs of the population, within the cultural and social context of each community;
4. Support Member States to strengthen maternal mortality audits, and adopt the new WHO maternal near miss assessment tool for the assessment and improvement of maternal and perinatal quality of care; and
5. Support Member States to Integrate GBV/CSA Screening into sexual and reproductive health and HIV and AIDS services

**ECSA/HMC56/R3: Enhancing Diagnostic Capacity in the Region**

The 56<sup>th</sup> ECSA Health Ministers' Conference (HMC):

- **Recognising** the importance of accurate and timely diagnosis to the effective management of many disease conditions, and its role in health promotion activities such as antenatal care;
- **Aware** that relatively little attention has been paid to the issue of diagnostics at previous HMCs;
- **Realising** the need to ensure that treatment is based on proven diagnosis;
- **Noting** encouraging developments in rapid diagnostics technology in areas such as TB, MDR TB and malaria;
- **Cognizant** of the contribution of accurate diagnostic capacity to better outcomes for the patients and cost-saving for the health system; and
- **Further aware** that access to diagnostic services is limited by low resource allocation to these services, and that existing diagnostic facilities often lack definite quality improvement systems or accreditation mechanisms;

Now therefore:

#### **Urges Member States to:**

1. Increase investments in diagnostic services and their proper utilisation within functional health systems;
2. Develop or strengthen, as appropriate, performance and quality improvement mechanisms, including external quality assessment schemes, accreditation through periodic evaluations, and regular staff skills enhancement and performance monitoring; and
3. Adopt and roll out rapid and effective diagnostic technologies.

#### **Directs the Secretariat to:**

1. Support Member States in the development of a regional network of diagnostic professionals and facilitate shared learning and sharing of best practices through that network; and
2. Support Member States to adopt and roll out rapid and effective diagnostic technologies.

#### **ECSA/HMC56/R4: Health Financing and Equity in MNCH**

The 56<sup>th</sup> ECSA Health Ministers' Conference (HMC):

- **Recalling** the Health Ministers' Resolution *ECSA/HMC50/R9: Tracking Progress towards the MDGs*, which among others, urged Member States to report on evidence on health equity and progress in addressing inequalities in health, and directed the Secretariat to strengthen capacities and measures to monitor and report on progress in addressing inequalities in health;
- **Informed** by evidence of need for greater investment in health services at the frontline and community level of the health system;
- **Aware** that without such investments the wide inequalities between the wealthy and poor, between the urban rich and urban poor, and between the rural and the urban sectors of our populations will only persist;
- **Comforted** by messages of hope on gains made in certain aspects of child survival;
- **And yet concerned** by the fact that there are not many examples of similar gains in maternal health in the region;
- **Mindful of** the fast approaching MDG dateline of 2015;
- **Considering** the commitment and re-commitment of our Member States as part of the African family of nations to the ideals and principles of PHC at Ouagadougou in 2008; and

- **Jolted** by the mixed report card on the UN Secretary General’s Strategy for Women’s and Children’s Health:

Now therefore:

**Urges Member States to:**

1. Review, innovate and or consolidate approaches to health financing, organization and integration of services that achieve equitable allocation of human and financial resources and commodities to frontline and community health services for women and children;
2. Accelerate efforts towards country-led actions based on national processes that bring together both domestic and international role players, in the spirit of HMC Resolution **ECSA/HMC54/R1 – Revisiting the Paris Declaration: Greater Investments in the Health Sector**;
3. Undertake deliberate actions and efforts to close the gap in MNCH between the worst and best performing areas and groups; and
4. Track and report on progress in closing inequalities in health towards 2015 and in the post 2015 development goals.

**Directs the Secretariat to:**

1. Support Member States in the implementation of this resolution; and
2. Support Member States to track progress on closing inequalities in health towards 2015 and in the post 2015 development goals, and facilitate the sharing of progress in this regard.

**ECSA/HMC56/R5: Recognition and Rewards for Excellence**

The 56<sup>th</sup> ECSA Health Ministers’ Conference (HMC):

- **Recalling Resolution ECSA/HMC50/R1: Evidence based policy making** which, among others, directed the Secretariat to work with Member States to identify and/or strengthen centres of excellence for collaboration on priority issues in the region;
- **Concerned by** the low visibility of ECSA HC within the region, amidst many emerging regional economic organisations;
- **Encouraged** by a cohort of enthusiastic health reporters who are ready and willing to advance the health agenda in the region;
- **Aware** that many innovations, and personal, institutional or facility success stories go undocumented, and are rarely recognised;
- **Desirous** to promote visibility of ECSA HC within the region, and to recognise and reward best practice, innovation and excellence in health in the region:

Now therefore:

**Urges Member States to:**

1. Establish, through the HMC, an annual HMC award that recognises the innovation/initiative judged best among excellent innovations or initiatives in the region;
2. Establish, through the HMC, an annual HMC award that recognises the frontline health worker that has excelled in service delivery, in each category identified, in the region over the past year; and

3. Establish, through the HMC, an annual HMC award that recognises the media practitioner that has excelled in health reporting in the region over the past year.

**Directs the Secretariat to:**

1. Support the Member States in the implementation of the Annual HMC Awards
2. Coordinate the process leading to the selection of the winners in the various categories at country level and at the regional level; and work with partners to mobilise resources for a befitting reward for each of the winners.

**ECSA/HMC56/R6: Expression of Gratitude to Partners of the ECSA Health Community**

**The 56<sup>th</sup> 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, financial and moral 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/HMC56/R7: Expression of Gratitude to the Government and People of the United Republic of Tanzania.**

The 56<sup>th</sup> ECSA Health Ministers' Conference (HMC):

- **Noting** with profound gratitude the readiness with which the Government of the United Republic of Tanzania, through the Ministry of Health and Social Welfare, accepted to host the 56th Health Ministers Conference;
- **Aware** of the complex planning, coordination and preparations that must have accompanied the organisation of all the conference activities;
- **Astounded** by the enthusiastic welcome, warm reception, attention to detail and generous hospitality extended by the Government of the United Republic of Tanzania to the Ministers and their delegations, to partners of ECSA HC, and to all participants at 56th Health Ministers Conference;
- **Captivated and rejuvenated** by the serene, natural environs of Arusha, a microcosm of the United Republic of Tanzania;
- **Deeply grateful** for the sacrifices made by the Government and people of the United Republic of Tanzania to ensure such a successfully organised conference,

Now therefore:

1. Wishes to express its eternal gratitude to the Government and people of the United Republic of Tanzania; and
  2. Thanks the Minister of Health and Social Welfare of the United Republic of Tanzania for officiating at the opening ceremony of the 56<sup>th</sup> Health Ministers' Conference.
-

**58<sup>th</sup> Health Ministers' Conference**  
**27 - 28 February 2014, Arusha, Tanzania**

**Resolutions of the 58<sup>th</sup> Health Ministers' Conference**

**Introduction**

The 58th Health Ministers Conference (HMC) was held on 27 – 28 February 2014, at the Mount Meru Hotel, Arusha, United republic of Tanzania, under the theme: *Strengthening the Responses to Emerging and Re-emerging Health Concerns in ECSA Region*. The 58th HMC adopted the following Resolutions:

- ECSA/HMC58/R1:** Strengthening Global Health Diplomacy for equity in public health delivery through Strong Health Systems
- ECSA/HMC58/R2:** Integration of Communicable and Non-Communicable Disease Programmes
- ECSA/HMC58/R3:** Promotion of Cross-sectoral and Cross-border Coordination & Collaboration in Disease Prevention and Control.
- ECSA/HMC58/R4:** Addressing SRH Needs for Adolescent and Young People in the Region
- ECSA/HMC58/R5:** Addressing Sexual and Reproductive Health Rights for People with Disabilities
- ECSA/HMC58/R6:** Promotion of Population, Health and Environment (PHE)
- ECSA/HMC58/R7:** Standard Practice Package for Expanding Access to Family Planning Maternal, Newborn and Child Health Services at the Community Level
- ECSA/HMC58/R8:** Implementation of The Roadmap for Scaling up the Human Resources for Health in the African Region
- ECSA/HMC58/R9:** Expression of Gratitude to Partners of the ECSA Health Community
- ECSA/HMC58/R10:** Expression of Gratitude to the Government and People of the United Republic of Tanzania

**ECSA/HMC58/R1: Strengthening Global Health Diplomacy for equity in public health delivery through Strong Health Systems**

**The 58<sup>th</sup> Conference of Health Ministers:**

- **Appreciating** the need to support the stewardship and leadership role of ministers and senior officials in ministries of health for the achievement of national and global health goals, as evidenced by deliberations during the pre-conference workshop on Strong Ministries for Strong Health Systems during the 58<sup>th</sup> HMC;
- **Recalling** HMC Resolutions ECSA/HMC50/R2 and ECSA/HMC50/R3 that underlined the relatively low attention given to Ministers and Ministries of Health in this regard;
- **Recognizing** the need to safeguard African interests in and health benefits from research and development, and technology transfer;
- **Realizing** the need to align global health funding to national priorities and systems
- **Noting** the incomplete and inadequate evidence informing current global funding mechanisms such as performance based financing (PBF),
- **Aware** that national food security and its links to nutrition and health are a multi-sectoral issue
- **Further aware** of the increasing levels of non-communicable diseases due to factors such as tobacco, unhealthy lifestyle, unregulated trade in unhealthy foods, and the dominant role of trans-national corporations in domestic food production and marketing,

- **Cognizant** of the strong conceptual framework developed, and the achievements made over the last four years, through the ECSA Global Health Diplomacy Initiative, and
- **Further aware** of the need and demand for more focused, holistic and practical measures to advance global health diplomacy outcomes for the region,

Now therefore

**Urges Member States to:**

1. Accelerate the implementation of previous HMC resolutions ECSA/HMC50/R2 and ECSA/HMC50/R3 which called for addressing leadership gaps and capacity building of ministers, senior executives and officials at all levels of the health system.
2. Establish a focal point for global health diplomacy in each Member State to institutionalize multi-sectoral coordination on global health diplomacy.
3. Engage with and build domestic expertise and capacities in global health diplomacy and in public health tools for global health diplomacy, including stronger and timely dialogue with parliaments and national non-state actors.
4. Appoint Health Attaches at strategic missions, such as those in Geneva, New York and Addis Ababa, and adopt an improved and timely electronic communication between capitals and the embassies.

**Directs the Secretariat to:**

1. Support Member States in the implementation of the commitments under this Resolution, *inter alia* through:
  - Reviving capacity building programmes for ministers and senior officials from ministries of health during the Conference of Health Ministers, and finalization of the draft Handbook for Ministers of Health
  - Capacity building and coordination of global health diplomacy with regard to food and nutrition security, trade and public health issues and other international health issues in order to provide evidence to inform national multi-sectoral approaches and global negotiations.
  - Facilitation of communication on global health diplomacy among Member States, for instance through preparatory meetings for international global health diplomacy negotiations such as the World Health Assembly
  - Establishment of a GHD Expert Committee to facilitate coordination of GHD issues at regional level.
  - Support, accreditation and facilitation of training in Global Health Diplomacy within the region.
  - Identification of key priority areas for global health diplomacy in the region and advocate for diplomatic engagement.

**ECSA/HMC58/R2: Integration of Communicable and Non-Communicable Disease Programmes**

**The 58<sup>th</sup> Conference of Health Ministers:**

- **Aware** that the ECSA region faces a double burden of communicable and non-communicable diseases which pose a risk to the quality of life and socio-economic gains made in the region in the past few decades



- **Further aware** that the biggest increase in NCD deaths globally in the next decade is expected to be in Africa, where they will become the leading cause of death by 2030, at current rates
- **Whereas** the region has in the past focused on communicable diseases and maternal, perinatal and nutritional causes of morbidity and mortality, less attention has been paid to the extent to which these conditions contribute to the growing NCD burden and to potential common intervention strategies
- **Recognizing that** both communicable diseases and NCDs often co-exist in the same individual, increasing the risk or impact of the other
- **Appreciating** that an integrated approach to service delivery is justifiable not only from a cost-effectiveness perspective but also from the equity and social justice angle that maximizes resource utilization
- **Convinced** that management of many communicable diseases, such as TB and HIV/AIDS, call for chronic care models as for NCDs such as hypertension and diabetes mellitus
- **Recalling** commitments made by Health Ministers on issues of communicable diseases, NCDs, and the need for integrated services, for instance a Resolution at the 36<sup>th</sup> HMC addressed integration of Reproductive health and HIV/AIDS services; one at the 40<sup>th</sup> HMC called for promotion of the integration of reproductive health and child health programmes with HIV/AIDS, malaria and TB programmes as appropriate for synergy, one at the 46<sup>th</sup> HMC urged Member States to develop appropriate multi-sectoral, integrated and comprehensive policy, programs and plans of action for prevention and control of non-communicable diseases strategies
- **Aware** that in spite of those commitments the management of communicable diseases remains largely separate from the management of NCDs
- **Desirous** of making the most effective use of the scarce human, financial and other health resources within the region:

Now therefore:

#### **Urges Member States to:**

1. Promote integrated approaches to the prevention, control and management of communicable and non-communicable diseases including development of policies and strategic plans to guide activities at all levels, through a health system strengthening approach
2. Coordinate development assistance for health from all partners in the spirit of the Paris Declaration, ensuring that all resources support one National Health Plan.

#### **Directs the Secretariat:**

1. Support Member States in the implementation of obligations under this Resolution.
2. Develop and/or document models and frameworks of integrated approaches to communicable diseases and NCDs.

#### **ECSA/HMC58/R3: Promotion of Multi-sectoral and Cross-border Coordination & Collaboration in Disease Prevention and Control.**

#### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Aware that** infectious diseases such as HIV/AIDS, TB, polio, viral hemorrhagic fevers, H5N1 and H1N1 do not borders

- **Further aware** that with the economic growth, trade linkages and business opportunities in the region of ECSA, in Africa and globally, have come greater mobility across borders with more likelihood of infections and infectious diseases travel across the boundaries with ease
- **Concerned** about recent outbreaks of wild polio viruses in areas of suboptimal population immunity and the risks these viruses pose to countries within the region due to highly mobile populations
- **Recognizing** the principle of the *One Health* approach which aims to improve human health and well-being through risk reduction and the mitigation of effects of crises that originate at the interface between humans, animals and their various environments;
- **Cognizant** of the fact that the health of humans, animals and ecosystems are interconnected, and that *One Health* involves applying a coordinated, collaborative, multidisciplinary and cross-sectoral approach to address potential or existing risks that originate at the animal-human-ecosystems interface;
- **Determined** to defend and sustain the gains made within the region in combating infectious diseases such as polio and zoonoses such as rabies and rift valley fever.

Now therefore

**Urge Member States to:**

1. Develop and/or strengthen policy and strategic planning for national cross-sectoral collaboration under the One Health Principle.
2. Ensure adequate funds are available for vaccines and supplies and other operational costs for routine immunization and for early outbreak detection and confirmation, rapid outbreak response campaigns for infectious diseases, and for outbreak response preparedness.
3. Implement innovative approaches such as reaching “every district, every child” to support routine immunization and ensure that all children have an opportunity to receive life-saving vaccines through National Immunization Programmes, supplemented by intensive immunization efforts as the need arises.

**Directs the Secretariat to:**

1. Support Member States in implementing the commitments under this Resolution, for instance through:
  - Promotion of joint Health planning, Programming and Collaboration between the regional Economic Communities (RECs) including the East African Community (EAC), Southern African Development Cooperation (SADC) and IGAD
  - Standardized training and capacity building in prevention and control of infectious diseases, and the identification and promotion of centers of excellence in the region
  - Facilitating sharing of promising and best practices in infectious diseases control and management, including preparedness for outbreak response.
  - Promotion and strengthening 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)
  - Development of a Regional multi-sectoral One Health strategy for the ECSA region which may be adopted/adapted by MS
  - Establishment of a regional One Health Forum that is a network of national One Health Forums coordinated by ECSA Health Community and support human capacity development for one Health across sectors

## **ECSA/HMC58/R4: Addressing SRH Needs for Adolescent and Young People in the Region**

### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Recalling** Resolution 1 of the 32<sup>nd</sup> HMC which recognized that adolescents constituted 40% of the population in the region, that adolescents engage in sexual activities at an early age with attendant risks of STIs and HIV/AIDS, and that risky sexual behavior among adolescents resulted for high rates of teenage pregnancies
- **Further recalling** that the same-cited Resolution 1 of the 32<sup>nd</sup> HMC urged Member States to develop specific adolescent reproductive health policies and programmes, in consultation with the youth to ensure adolescent-friendly services; and at the same time called for the intensification of information, education and communication to effect and maintain behavioural change
- **Aware** that in spite of efforts in furtherance of the that HMC Resolution by Member States, health services remain under-utilized by adolescents and young adults
- **Cognizant** of the fact that adolescents have special needs related to their health, sexuality, sexual and reproductive health which remain largely unfulfilled in the context of general health services
- **Concerned** that adolescents are vulnerable and liable to suffer injuries of various forms
- **Realizing** that addressing the SRH needs of adolescents and young people requires the collective and collaborative efforts of health service providers, educators and parents/family members:

Now therefore:

### **Urges Member States:**

1. Revisit Resolution 1 of the 32<sup>nd</sup> HMC (2000), which remains relevant and appropriate to existing challenges in SRH for adolescents and young people.
2. Build the capacity and empower adolescents, for instance through provision of sex education and communication strategies at all levels of education, to enable them demand for the services and safeguard their SRH rights.
3. Establish and/or strengthen programs for prevention of injuries and risky behavior; and provide comprehensive information on sexuality including abstinence and delayed sexual debut.
4. Develop and implement programmes to equip health service providers, parents, caregivers and educators effectively to communicate with adolescents about their health issues.

### **Directs the Secretariat:**

1. Supports Member States in revisiting Resolution 1 of the 32<sup>nd</sup> HMC.
2. Identify, document, disseminate and facilitate scale-up of best practices in approaches to adolescent SRH among Member States
3. Support Member States in the implementation of the commitments under this Resolution, *inter alia*, through:
  - Monitoring and evaluation of existing adolescent SRH programmes, including cost-benefit analysis of different models of adolescent health services to inform planning and resource allocation.

- Research on workable approaches to adolescent SRH programmes.

### **ECSA/HMC58/R5: Addressing Sexual and Reproductive Health Rights (SRHR) for People with Disabilities (PWD)**

#### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Recognizing** that achievement of MDG 5 entails addressing the SRHR of people with disabilities (PWD),
- **Aware** that ECSA Member States have endorsed a rights based, which in some countries is enshrined in the Constitution
- **Realizing** that without active intervention PWD remain discriminated against and stigmatized, especially when they seek health services, including SRH services
- **Determined** to ensure that all persons with disabilities enjoy their full SRHR, to the extent possible;

Now therefore:

#### **Urges Member States to:**

1. Mainstream disability in national health programmes, especially in SRH agendas and budgets, and Strengthen awareness at all levels on the SRHR of PWD
2. Adopt/Adapt WHO guidelines on SRHR for PWD
3. Ratify the United Nations Convention on the Rights for Persons with Disabilities (UNCRPD).
4. Include SRHR in pre-and in-service continuing professional development (CPD) programmes for all health providers, and for those working with disabled people's organizations.

#### **Directs the Secretariat:**

1. Support Member States in the implementation of this Resolution.
2. Identify, document, disseminate and advocate for best practices on SRHR for PWD
3. Conduct Research on SRH of PWD to inform decision making

### **ECSA/HMC58/R6: Promoting Population, Health and Environment (PHE) Approach:**

#### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Aware** of the interconnectedness between populations, health and the environment
- **Concerned** by the threat to the survival of populations posed by environmental changes, such as climate changes
- **Aware** that there have been some small scale initiatives in PHE that have demonstrated benefits of the PHE approach
- **Desirous** of developing and implementing larger scale – scalable models, and aware that that will require the combined efforts of decision-makers from multiple sectors and levels of governance

Now therefore:

#### **Urges Member States to:**

1. Integrate and coordinate different activities across sectors, ensuring that the needs of vulnerable populations such as refugees, those in correctional services facilities, internally displaced persons (IDPs), informal settlement dwellers, foreign migrant workers urban and peri-urban poor are catered for.
2. Develop and promote sustainable development models that protect the environment while fostering community involvement and gender equity for healthier populations.

**Directs the Secretariat to:**

1. Identify, document, disseminate and advocate for implementation and scale up of best practices on PHE
2. Align or harmonize existing policies and strategic frameworks at country and regional levels including urban health authorities
3. Facilitate the establishment of a PHE consortium at regional level including urban health authorities
4. Support Member States in the implementation of this Resolution

**ECSA/HMC58/R7: Standard Practice Package for Expanding Access to Family Planning, Maternal, Newborn and Child Health Services at the Community Level**

**The 58<sup>th</sup> Conference of Health Ministers:**

- **Recalling** the Alma Ata Declaration of 1978 on Primary Health Care (PHC) which includes the right and duty of individuals and communities to plan and implement their health care at the community level.
- **Recalling** that the International Conference on Population and Development (ICPD) Plan of Action (POA) of 1994 called for a practical approach to making affordable SRH care universally accessible to individuals and families at the community level through their own participation and rooted in PHC.
- **Further recalling** that the Ministers have passed several resolutions between 1999 and 2009 on quality service delivery at the community level, notably at the 52<sup>nd</sup> HMC (ECSA/HMC52/R3) where the Secretariat was directed to conduct assessment on determinants of expanding access FP/MNCH services at the community level, and at the 54<sup>th</sup> HMC (ECSA/HMC54/R5) where the Secretariat was directed to develop a Standard Practice Package for expanding FP/MNCH services at the community level.
- **Appreciative** of the collaborative effort by ECSA HC and its partners towards the development of the ECSA Standard Practice Package
- **Grateful** to the Chairperson of the Conference of Health Ministers for launching the Practice Package at the 58<sup>th</sup> HMC;

Now therefore:

**Urges Member States to:**

1. Adapt and implement the Standard Practice Package at appropriate levels of care

**Directs the Secretariat to:**

1. Disseminate the Standard Practice Package
2. Support Member States implement the Standard Practice Package

## **ECSA/HMC58/R8: Implementation of The Roadmap for Scaling up the Human Resources for Health in the African Region**

### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Recalling** HRH-specific commitments made by at previous HMCs, such as *ECSA/HMC46/R1: Strengthening Health Systems to Ensure Equitable Access to Health Care*, *ECSA/HMC46/R2: Improving Human Resources for Health for Effective Health Care Services*, *ECSA/HMC50/R4 on Improving the Capacities of HRH Departments*, and *ECSA/HMC56/R1 on Renewing Commitment to Health Workforce Best Practices*;
- **Further recalling** that Ministers of Health of the WHO-AFRO approved the Roadmap for Scaling up the Human Resources for Health in the African Region a Resolution at the Regional Committee that among others called upon Member States to review and/or update their national HRH strategies in alignment with the Roadmap;
- **Aware** that WHO AFRO has developed a framework to guide implementation of the Roadmap at country level;
- **Appreciating** that it is through regional and national efforts that the roadmap will be implemented
- **Informed** by the commitments to a revitalized effort to tackle the HRH crisis made at the Third Global Forum by many countries, including some ECSA Member States
- **Committed** to maintaining HRH as a niche area for ECSA HC within the context of health systems strengthening
- **Whilst appreciating** the tremendous effort that went into the establishment of the ECSA College of Health Sciences launched at the current HMC

Now therefore:

### **Urge Member States to:**

1. Adapt the Roadmap for Scaling up the Human Resources for Health in the African Region
2. Report periodically on progress towards implementation of the Roadmap for Scaling up the Human Resources for Health in the African Region.
3. Support the nascent ECSA College of Health Sciences through allocation of resources, recognition, accreditation of programmes, and through such other means as may be necessary for the operation of the College and its constituent colleges.
4. Accelerate implementation of previous HMC resolutions on HRH.

### **Directs the Secretariat to:**

1. Support Member States in the adaption and implementation of the African roadmap in HRH and report to the next HMC in this regard.
2. Support Member States in operationalizing the ECSA College of Health Sciences.

## **ECSA/HMC58/R9: Expression of Gratitude to Partners of the ECSA Health Community**

### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Appreciating** 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, 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:

Now therefore:

1. Expresses its gratitude to all Partners for their support to the health sector in the region; and
2. Recommits to the strengthening of the coordination of partners at regional and country level.

### **ECSA/HMC58/R10: Expression of Gratitude to the Government and People of the United Republic of Tanzania**

#### **The 58<sup>th</sup> Conference of Health Ministers:**

- **Gratified** by the readiness with which the Government of the United Republic of Tanzania, through the Ministry of Health and Social Welfare, accepted to host the 58<sup>th</sup> Health Ministers Conference;
- **Aware** of the complex planning, coordination and preparations that must have accompanied the organization of all the conference activities;
- **Impressed** by the warm hospitality, attention to detail and generosity extended by the Government of the United Republic of Tanzania to the Ministers and their delegations, to partners of ECSA HC, and to all participants at 58<sup>th</sup> Health Ministers Conference;
- **Enthused** by the natural beauty and serenity of Arusha;
- **Deeply grateful** for the sacrifices made by the Government and people of the United Republic of Tanzania to ensure such a successfully organized conference,

#### **Now therefore:**

1. Wishes to express its eternal gratitude to the Government and people of the United Republic of Tanzania; and
  2. Thanks the Minister of Health and Social Welfare of the United Republic of Tanzania, through the Deputy Minister, for officiating at the opening ceremony of the 58<sup>th</sup> Health Ministers' Conference.
-

## **Resolutions of the 60th Health Ministers' Conference**

**Speke Resort Munyonyo, Kampala, Republic of Uganda**

**Theme: Strengthening Regional Cooperation for Better Health Outcomes**

**February 2015**

### **Introduction**

The 60<sup>th</sup> ECSA Health Ministers' Conference (HMC) was held at the Speke Resort, Kampala, Republic of Uganda under the theme: **ECSA Health Community at 40: Strengthening Regional Cooperation for Better Health Outcomes** with the following sub-themes;

- Universal Health Coverage
- MDGs Lessons for Post 2015 Agenda
- Innovations in the Development of Human resources for Health
- Control of Communicable Diseases
- Prevention and Management of Non-Communicable Diseases

The 60<sup>th</sup> Health Ministers' Conference considered the following Draft Resolutions:

- **ECSA/ HMC60/R1: Universal Health Coverage**
- **ECSA/ HMC60/R2: MDGs Lessons for Post 2015 Agenda**
- **ECSA/ HMC60/R3: Human Resources for Health**
- **ECSA/ HMC60/R4: Control and prevention of Infectious diseases**
- **ECSA/ HMC60/R5: Non communicable diseases**
- **ECSA/HMC60/R6: Expression of Gratitude to Partners of the ECSA Health Community**



- **ECSA/HMC60/R7: Expression of Gratitude to His Excellency the President, the Government and the people of the Republic of Uganda**

## **ECSA/ HMC60/R1: Universal Health Coverage**

The 60<sup>th</sup> Health Ministers Conference

### **Recalling:-**

**Resolution 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 (preventive, promotive and curative) health care services at all levels of health care systems;

**Resolution ECSA/HMC50/R1 (2010)** which urged Member States to develop context specific mechanisms for pre-paid health financing mechanisms, including social and community health insurance;

**Resolution ECSA/HMC52/R2 (2010)** Universal Health Coverage urging Member States to engage with the international community/global movement towards universal health coverage in order to mobilize the necessary technical and financial resources for accelerating the implementation of Resolution ECSA/HMC50/R1;

**Aware** that more could be done towards the achievement of MDG targets and that UHC offer an opportunity to accelerate the achievement of the SDGs

**Realizing** that significant progress on UHC may be made with a high-level political leadership and commitment

**Further Aware** of the lack of inter-sectoral collaboration, which is required for successful implementation of UHC in the member states

Now therefore:

### **Urges Member States to:**

1. Set up multi-sectoral UHC structures such as national dialogue platforms, coordinated at high political level.
2. Develop policies and regulatory frameworks which promote the participation of all stakeholders including the private sector and CSOs
3. Develop a roadmap for implementation of UHC
4. Build the case for investment in health which will ensure access to health care for all
5. Support community initiatives and approaches that will enable the communities to access health services with adequate financial protection.

**Directs the Secretariat to:**

1. Support Member States in the implementation of the above resolutions
2. Track, document and disseminate best practices on UHC
3. Annually report on the progress of UHC to the HMC
4. Establish an expert committee on UHC

**ECSA/ HMC60/R2: MDGs Lessons for Post 2015 Agenda**

The 60<sup>th</sup> Health Ministers Conference

**Recalling:-**

**Resolution ECSA/HMC58/R4 (2014)** Addressing SRH Needs for Adolescent and Young People in the Region urging Member States to:

- a) Revisit Resolution 1 of the 32nd HMC (2000), which remains relevant and appropriate to existing challenges in SRH for adolescents and young people;
- b) Build the capacity and empower adolescents, for instance through provision of sex education and communication strategies at all levels of education, to enable them demand for the services and safeguard their SRH rights;
- c) Establish and/or strengthen programs for prevention of injuries and risky behavior; and provide comprehensive information on sexuality including abstinence and delayed sexual debut; and
- d) Develop and implement programmes to equip health service providers, parents, caregivers and educators effectively to communicate with adolescents about their health issues.

**Resolution 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 urges Member States to:

- a) Accelerate implementation of previous Resolutions on RH/MNCH and Nutritional Interventions, especially the scale up of nutrition interventions;
- b) Implement mandatory food fortification programmes;
- c) Accelerate efforts to scale up training in essential new born care, including HBB and neonatal resuscitation;
- d) Develop and/or strengthen quality client-centred and responsive service delivery models that respond to the needs of the population, within the cultural and social context of each community;
- e) Implement the Call for Action on Delivering Maternal and Child Health including the Thrive and Survive Initiative;
- f) Strengthen maternal mortality audits, and adopt the new WHO maternal near miss assessment tool for the assessment and improvement of maternal and perinatal quality of care; and
- g) Integrate GBV/CSA Screening into sexual and reproductive health and HIV and AIDS services.

**Aware** of the dedication, commitment and determination by all Member States, development partners and the Secretariat to ensure that the transition from the MDGs to the SDGs post-2015 includes renewed efforts to reduce the disease burden in the region;

**Realizing** that more could have been done towards achievement of MDG targets;

Now therefore:

**Urges Member States to:**

1. Recommit to the implementation of past resolutions of the Health Ministers' Conference, with strengthened mechanisms for tracking and reporting such implementation at Member State level;
2. Utilize lessons learnt in the implementation MDGs to implement SDGs using UHC principles
3. Embrace the global and regional initiatives that would accelerate the improvement of FP/RMNCH beyond 2015

**Directs the Secretariat to:**

1. Support Member States to implement the global and regional initiatives that would accelerate the improved FP/RMNCH outcomes beyond 2015

**ECSA/ HMC60/R3: Human Resources for Health**

The 60<sup>th</sup> Health Ministers Conference

**Recalling:-**

**Resolution ECSA/RHMC38/R3 (2003) Improving Retention of Health Workers** urging Member States to:

- a) Use data and information to develop an evidence-based strategy to advocate for fair salaries, compensation and benefits for health workers;
- b) Collate and compile evidence on the benefits of de-linking health workers from the civil service and the establishment of Health service commissions or Boards to plan and manage human resources for health;
- c) Develop and sign legally binding agreements with other governments in the region and overseas regarding migration of human resources from the region, especially relating to aspects of ethical recruitment and compensatory arrangements;
- d) Put in place strategies and mechanisms to improve the value placed on health workers, and improve motivation and retention as a matter of priority;
- e) Encourage donors and cooperating partners to support human resource needs of Member States;
- f) Incorporate human capacity development needs in future proposals for funding from sources such as the Global Funds and related aid instruments, and

- g) Develop and implement HIV and AIDS work place prevention programmes for health workers.

**Resolution ECSA/RHMC 40/R3 (2004)** urging the Member States to:

- a) Define human resource needs and come up with standards and staffing patterns for the different levels of health service delivery which should be documented and shared;
- b) Develop or strengthen and implement HR policies and strategies taking into account the macro-economic factors which influence national health policies;
- c) Promote and support appropriate and innovative approaches to training of health professionals;
- d) Develop and implement effective human resource management systems;
- e) Promote the retention of health professionals through improving the conditions of service and addressing safety at work and the workforce health programmes;
- f) Establish human resources units for effective management of human resources;
- g) Support career development for all levels of health workers such as nursing assistants, nurses and midwives, allied health professionals, nutritionists and doctors, and
- h) Ensure availability of well-trained health economists within ministries of health to strengthen planning, resource allocation and management.

**Resolution ECSA/RHMC/42/R4 (2006)** urging Member States to:

- a) Develop national systems of continuing professional development that promote on-the- job and team-based training;
- b) Develop a system for tracking continuing professional development;
- c) Develop and strengthen innovative mechanisms for staff recruitment based on norms that are regularly reviewed;
- d) Adopt a common position on compensation for health workers recruited by developed countries;
- e) Adopt a common position on ethical recruitment of health workers, and;
- f) Develop financial and non-financial strategies to encourage retention of health professionals.

**Resolution ECSA/RHMC/44/R7(2007)** on Improving Human Resources for Health that recalled that the issue of human resources for health has been discussed at several ECSA health ministers' conferences and resolutions passed; and therefore urged Member States to implement previous resolutions.

Now therefore:

**Urges Member States to:**

1. Recommit to the implementation of past resolutions of the Health Ministers' Conference, with strengthened mechanisms for tracking and reporting such implementation at Member State level

**Directs the Secretariat to:**

1. Re-invigorate efforts to support Member States to implement and report progress on these resolutions

## **ECSA/ HMC60/R4: Control and prevention of Infectious diseases**

The 60<sup>th</sup> Health Ministers Conference

### **Recalling:-**

**Resolution ECSA/RHMC/34/R4 (2001) on Bio-terrorism** calling for the strengthening of laboratory diagnostic capacity to undertake the necessary investigations;

**Resolution ECSA/RHMC/44/R2 (2007)** on Scaling up cost effective Interventions in Malaria control in ECSA urging Member States to strengthen/revitalize malaria public awareness and social mobilization campaigns to empower and mobilize at risk populations to increase use and demand of malaria prevention interventions within one year.

**Resolution 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;

**Resolution ECSA/HMC50/R6 (2010)** on Funding and Implementing HIV/AIDS, TB and Malaria Programmes urging Member States to:

- a) Maximize available opportunities from Global Fund and other partners to obtain additional resources for scaling up interventions to achieve MDGs.
- b) Support the Global Fund Constituency Board Member to effectively represent all Member Countries.
- c) Develop a proposal for mobilizing resources for an integrated regional HIV/AIDS, TB and Malaria Programme;

**Resolution 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)

Now therefore:

### **Urges Member States to:**

1. Recommit to the implementation of past resolutions of the Health Ministers' Conference, with strengthened mechanisms for tracking and reporting such implementation at Member State level;
2. Review and integrate TB and DR-TB content into the training curricula of health professionals and other health worker training programmes

3. Strengthen systems for monitoring drug resistance for existing, emerging and re-emerging infections, especially those related to sepsis and enteric diseases, to curb the increasing drug resistance.
4. Strengthen surveillance systems, emergency preparedness and response to Viral Haemorrhagic Fever outbreaks including Ebola Virus Disease in line with Integrated Disease Surveillance and Response (IDSR), International Health Regulations (IHR,2005) and One Health Approach principles

**Directs the Secretariat to:**

1. Re-invigorate efforts to support Member States to implement and report progress on this resolution
2. Support the integration of TB and DR-TB content into the training curricula of health professionals and other health worker training programmes
3. Document and disseminate best practices, lessons and experiences in the management of emerging and re-emerging diseases such as Ebola.

**ECSA/ HMC60/R5: Non communicable diseases**

The 60<sup>th</sup> Health Ministers Conference

**Recalling:-**

**Resolution ECSA/HMC34/R2 (2001)** on Resource Mobilization for Strengthening Health Systems urging Member States to strengthen prevention and control of non-communicable diseases (NCD) programmes;

**Resolution 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 programmes so that they can provide affordable, effective and equitable quality health care;

**Resolution ECSA/HMC46/R7 (2008)** on 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;

**Resolution ECSA/HMC46/R8 (2008)** on Prevention of Non-Communicable Diseases urging Member States to acquire accurate data using the STEPwise approach.

Now therefore:

### **Urges Member States to:**

1. Recommit to the implementation of past resolutions of the Health Ministers' Conference, with strengthened mechanisms for tracking and reporting such implementation at Member State level
2. Strengthen leadership for multi-sectoral efforts in the prevention and management of NCDs

### **Directs the Secretariat to:**

1. Re-invigorate efforts to support Member States to implement and report progress on these resolutions

### **ECSCA/HMC60/R6: Expression of Gratitude to Partners of the ECSCA Health Community**

The 60<sup>th</sup> 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, financial and moral support;
- **Aware** of the existing health challenges and the need to increase investment in the health sector in order to accelerate the realization of UHC.
- **Noting** with appreciation the continued support from partners to Member States and the ECSCA Secretariat towards the Implementation of the resolutions of the Health Ministers' Conference, and regional and national programs:
  4. Reaffirms its commitment to continue the implementation of agreed Projects/programs of work with partners;
  5. Commits to the strengthening of the coordination of partners at regional and country level;
  6. Endeavours to ensure sustainability of programs supported by partners.

### **ECSCA/HMC60/R7: Expression of Gratitude to His Excellency the President, the Government and the people of the Republic of Uganda.**

The 60<sup>th</sup> Health Minister's Conference,

- **Noting** with profound gratitude the acceptance by the Ministry of Health of the Republic of Uganda to host the 60<sup>th</sup> Health Minister's Conference;
- **Impressed** by the planning, coordination and preparations that went into all conference activities;
- **Further impressed** by the rich culture and scenic beauty of the Republic of Uganda;
- **Recognizing** the sacrifices made by His Excellency the President of the Republic of Uganda and Government to ensure such a successfully organized conference:

Now therefore:

1. Wishes to express profound gratitude to the President of the Republic of Uganda, His Excellency Yoweri Kaguta Museveni, the Government and the people of the Republic of Uganda;

2. Humbly requests the Minister for Health of the Republic of Uganda to convey the individual and collective gratitude of the Health Ministers and delegates, to the Right Honourable Prime Minister, Republic of Uganda for opening the 60<sup>th</sup> Health Ministers Conference.

## **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 SDGstargets
3. Document and disseminate the baseline SDGs health target- and indicator values in all ECSA Member States and establish regional benchmarks.

## **ECSA/HMC62/R2: Enhancing Universal Health Coverage through Innovations in Health Financing for Financial Risk Protection**

### **The 62nd Health Ministers Conference:**

#### **Recalling Resolutions:**

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

**ECSA/HMC36/R3 (2002):** Family Planning, Reproductive Health and Child Health;

**ECSA/RHMC/42/R8 (2006):** Maternal and Reproductive Health, New born and Child Health that urged Member States to improve access to Reproductive and Maternal Health services including Family Planning

**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**

### **The 62nd Health Ministers Conference:**

#### **Recalling Resolutions:**

**ECSA/HMC34/R2 (2001):** Resource Mobilization for Strengthening Health Systems urging Member States to strengthen prevention and control of non-communicable diseases (NCDs) programmes.

**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 Haemorrhagic 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**

### **The 62nd Health Ministers Conference:**

#### **Recalling Resolutions:**

**RHMC/25/R4** urging ECSA Secretariat to support to 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

**ECSCA/HMC62/R6: Global Health Diplomacy and Strengthening Ministries of Health Leadership and Governance Capacity for Health in the ECSCA-HC Region**  
**The 62nd Health Ministers Conference**

**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;

**ECSCA/HMC50/R3** that underlined the relatively low attention given to Ministers and Ministries of Health in this regard

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

**Noting** with appreciation the actions taken by the ECSCA 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 ECSCA 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 ECSCA 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  
The 62nd Health Ministers Conference**

**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 benefits 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.

**Resolutions of the 65<sup>th</sup> ECSA Health Ministers Conference**  
**Hyatt Regency Kilimanjaro Hotel, Dar es Salaam, United Republic of Tanzania**  
**19 – 21 March 2018**

**Preamble**

The 65th ECSA-HC Health Ministers Conference was held at Hyatt Regency Kilimanjaro Hotel, in Dar es Salaam Tanzania from the 19 – 21 March 2018. The Conference was organized under the theme: “**Promoting Multi-sectoral Collaboration for Health through Sustainable Development Goals**” with the following sub themes:

- Good Governance and Leadership in the Health Sector
- Mitigating the Impact of Emerging and Re-emerging Diseases
- Multi-sectoral Responses to Non Communicable Diseases
- Accountability for Women’s Children’s and Adolescent Health Post 2015

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

<b>ECSA/HMC65/R1</b>	Governance and Leadership in the Health Sector
<b>ECSA/HMC65/R2</b>	Mitigating the Impact of Emerging and re-emerging Diseases
<b>ECSA/HMC65/R3</b>	Multi-sectoral Responses to Non Communicable Diseases
<b>ECSA/HMC65/R4</b>	Accountability for Women’s, Children’s and Adolescent Health post 2015
<b>ECSA/HMC65/R5</b>	Recommitment of the ECSA HMC to the ECSA College of Health Sciences
<b>ECSA/HMC65/R6</b>	Expression of Gratitude to Partners of the ECSA health Community
<b>ECSA/HMC65/R7</b>	Expression of Gratitude to the Government and People of the United Republic of Tanzania
<b>ECSA/HMC65/R1</b>	Governance and Leadership in the Health Sector

**The 65<sup>th</sup> Health Ministers Conference**

**Noting** the theme of the 65th Health Ministers Conference on 'Promoting Multi-sectoral Collaboration for Health Towards SDGs' and the issues raised on the theme during the various sessions;

**Recognizing** that improved health and achieving key public health goals in the SDGs requires

co-operation across sectors;

**Cognizant** of the diminishing and inadequate allocation of financial resources for health in the Member States;

**Aware** of available resources within the health sector and the need to strengthen mechanisms to track off budget funding and partner coordination;

**Having noted the innovative** practices in leadership and governance, such as the health integrated situation room;

**Now therefore**

**Urges Member States to:**

1. Explore sustainable financing models for health towards universal health coverage;
2. Strengthen monitoring frameworks to ensure delivery of quality health services;
3. Strengthen partner coordination towards more efficient utilization of resources;
4. Involve and engage other relevant sectors for improved health in early stages of the design of policies, programmes and services;
5. Promote integrated information systems for effective and accountable health systems
6. Strengthen Global Health Diplomacy initiatives within Ministries of Health

**Directs the Secretariat to:**

1. Support Member States in developing capacity for data use to advance health systems strengthening;
2. Support Member States implement the above resolutions

## **ECSA/HMC65/R2: Mitigating the Impact of Emerging and re-emerging Diseases**

### **The 65th Health Ministers Conference**

**Recalling Resolution RHMC 38/R1 (2003) Scaling up health interventions** which 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;

**Recalling Resolution ECSA/RHMC/48/R7 (2009)** urging Member States to establish and strengthen Laboratory services for monitoring drug resistant tuberculosis and conduct assessment studies to evaluate the magnitude of drug resistant tuberculosis

**Recalling resolution ECSA/HMC60/R4 (2015)** urging Member States to strengthen diseases surveillance systems from community to national level and laboratory diagnostic capacity of the ECSA Member States to scale up new diagnostic technologies for diagnosis and strengthen routine laboratory based surveillance systems for resistance to antimicrobial agents, for early detection of resistance and take the necessary action;

**Acknowledging** the efforts made by the member states to establish disease surveillance and emergency preparedness at National and Sub-national levels.

**Noting** that TB and HIV/AIDS contribute significantly to the burden of disease in the region;

**Concerned** with the increase in Antimicrobial resistance (AMR) particularly in drug resistant TB but also drug resistance by other important serious disease causing pathogens;

**Recognizing** that measures to improve TB diagnosis, which may lead to early treatment and avoid drug resistant TB are an integral part of the health system;

**Aware** of the commitment of member states to the Global Action Plan on antimicrobial resistance;

**Now therefore**

**Urges the Member states to:**

- Adopt a holistic approach to intensified/active TB case finding, diagnosis and management of TB including TB and HIV coinfection
- Strengthen Laboratory Information Management Systems (LMIS) that are linked to the health management information systems;
- Develop and/or strengthen Multi-sectoral National Action Plans on AMR in line with the Global Action Plan;
- Enhance capacity for disease surveillance and emergency preparedness to effectively manage emergencies, outbreaks and other events of public health concern.
- Ensure community participation in the detection, reporting and control of public health emergencies and disease outbreaks;

**Directs the Secretariat to:**

- Support the countries in the development and implementation of multi-sectoral National Action Plans on AMR;
- 
- Support Member States in the implementation of the resolutions;

## **ECSA/HMC65/R3: Multi-sectoral Responses to Non Communicable Diseases**

### **The 65<sup>th</sup> Health Ministers Conference**

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

**Recalling Resolution 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 programmes so that they can provide affordable, effective and equitable quality health care;

**Recalling Resolution ECSA/HMC44/R4 (2007)** on Injury Prevention and Control urging Member States to advocate for recognition of road traffic injuries and other injuries as important public health concerns and facilitate development of multi-sectoral injury prevention policies and actions to guide implementation of cost effective interventions strategies by 2009.

**Recalling Resolution ECSA/HMC46/R7(2008)** on 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 policies, programmes and plans of action for prevention and control of non-communicable diseases by January 2010;

**Further recalling 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;

**Noting** that Non Communicable Diseases are among the leading causes of morbidity and mortality in the region and globally;

**Concerned** with the weak coordination mechanisms within and outside the health sector;

**Underscoring** the importance of a multi-sectoral approach in addressing NCDs and injuries of all forms;

**Whereas** progress has been made in the Member States towards developing and implementing programmes and plans of action for prevention and control of non-communicable diseases, a lot remains to be done;

**Now therefore**

**Urges Member States to:**

1. Track implementation of previous resolutions on NCDs and report the progress to the 67<sup>th</sup>HMC;
2. Develop and/or accelerate implementation of multi-sectoral NCDs action plans and strategies;
3. Strengthen regulatory frameworks for proper delivery of services in relation to NCDs;

**Directs the Secretariat to:**

1. Support member states to track implementation of past NCDs resolutions;
2. Support member states in the implementation of this resolution
3. Document the best practices in multi-sectoral responses to NCDs in the member states and beyond

**ECSA/HMC65/R4: Accountability for Women's, Children's and Adolescent Health post 2015**

**The 65<sup>th</sup> Health Ministers Conference**

**Noting** the UN Framework on Accountability for Women's, Children's and Adolescent Health with specific obligations at regional and country levels;

**Recalling Resolution CRHC/RHMC32/R2 (2000)** on Safe Motherhood which urged Member States to promote better practices in safe motherhood and adopt multi-sectoral approaches towards improving safe motherhood;

**Concerned** with the prevalence of disrespect and abuse of women during childbirth in the region and globally;

**Further concerned** that disrespect and abuse of women during childbirth results in delays or avoidance of seeking care, affect adherence to care and leads to decreased trust in health services thus contributing to poor health outcomes including maternal deaths and disabilities;

**Now therefore**

**Urges the Member States to**

1. Strengthen health systems in order to advance respectful maternity care, taking into consideration the principles of multi-sector collaboration and the WHO framework for the quality of maternal and newborn health care;
2. Apply implementation science approaches to address specific questions on barriers to respectful maternity care;

3. Strengthen monitoring of the accountability framework for reproductive, newborn, maternal, adolescent and child health;

**Directs ECSA HC Secretariat to:**

1. Support countries to implement the above resolution

**ECSA/HMC65/R5: Recommitment of the ECSA HMC to the ECSA College of Health Sciences**

**The 65<sup>th</sup> Health Ministers Conference**

**Recalling Resolutions RHMC/25/R4** urging ECSA Secretariat to support the establishment and management of regional colleges for various health professionals

**Recalling Resolution ECSA/HMC/44/R7** that urged member states to support ECSA postgraduate colleges by providing resources for recurrent expenditures and supporting the trainees undergoing training and facilitating the accreditation ECSA colleges in various disciplines.

**Further Recalling ECSA/HMC58/R8** urging member states to support the nascent ECSA College of Health Sciences through allocation of resources, recognition, accreditation of programmes, and through such other means as may be necessary for the operation of the College and its constituent colleges. <sup>[1]</sup><sub>[SEP]</sub>

**Concerned** with the prevailing shortage of highly trained professionals to address the ever increasing health challenges;

**Committed** to the implementation of the global development agenda of SDGs including Targets 3.8 and 3.c;

**Impressed** by the contributions to the scale up of highly trained specialists through the collegiate model of training by the ECSA colleges;

**Convinced** now, more than ever that this is the approach of training that holds the promise to addressing the long standing challenge of the human resources for health in the region;

**Gratified** by data which is showing that the graduates coming from these colleges are improving equity in the distribution of specialists in the rural and district hospitals;

**Mindful** that the process of accreditation, recognition, registration and other support necessary for efficient functioning of these colleges vary from country to country;

**Determined** to operationalize the ECSA CHS and its constituent colleges and ensure that they are fully functional, recognized and accredited;

## **Now therefore**

### **Urges Member States to:**

1. Facilitate the process of recognition and accreditation of the ECSA CHS and its constituent colleges by the 67<sup>th</sup> HMC;
2. Ensure that the ECSA CHS is recognized and supported by EAC and SADC

### **Directs the Secretariat to:**

1. Mobilize resources to operationalize the ECSA College of Health Sciences
2. Continue to support the ECSA CHS constituent colleges

## **ECSA/HMC65/R6: Expression of Gratitude to Partners of the ECSA health Community**

### **The 65<sup>th</sup> Health Ministers Conference**

**Recalling Resolution ECSA/HMC62/R8 (2015)** where the Member States recommitted to strengthening the coordination of partners at regional and country levels;

**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;

### **Now therefore**

Expresses its appreciation, gratitude and commitment of the partners in support of the ECSA-HC;

## **ECSA/HMC65/R7: Expression of Gratitude to the Government and People of the United Republic of Tanzania**

### **The 65<sup>th</sup> Health Ministers Conference**

**Humbled** by the readiness of the Government of the United Republic of Tanzania, through the Ministry of Health, Community Development, Gender, Elderly and Children to host the 65<sup>th</sup> ECSA Health Ministers Conference;

**Recognizing** the excellent planning and preparation of this 65<sup>th</sup> ECSA Health Ministers Conference;

**Appreciative of** the warm hospitality and generosity extended by the Government and People of the United Republic of Tanzania to Ministers and delegations of ECSA-HC, their partners, members of the secretariat and to all participants of the 65<sup>th</sup> Health Ministers Conference

### **Now therefore**

Wishes to express its gratitude to the Government and People of the United Republic of Tanzania;



Thanks the Honourable Minister of Health Community Development, Gender, Elderly and Children; United Republic of Tanzania, for hosting the 65<sup>th</sup> Health Ministers Conference.

Humbly requests the Minister of Health Community Development, Gender, Elderly and Children of the United Republic of Tanzania to convey the individual and collective gratitude of the Health Ministers and delegates, to Right Honourable Majaliwa Kassim Majaliwa, Prime Minister of the United Republic of Tanzania, for officially opening the 65<sup>th</sup> Health Ministers Conference.

## **Resolutions of the 67<sup>th</sup> Ministers Conference Elephant Hills Hotel, 12 – 14 November 2018 Victoria Falls, Republic of Zimbabwe**

### **Preamble**

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

- 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:

**ECSA/HMC67/R1 Linking Health Workforce to Labour Market Outcomes**

**ECSA/HMC67/R2 Priority Setting and Health Benefits Packages**

**ECSA/HMC67/R3 Governance and Equity-oriented Policies for Urban Health**

**ECSA/HMC67/R4 Creating Sustainable Food Systems to Address Malnutrition**

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

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

**ECSA/HMC67/R7 Expression of gratitude to partners of the ECSA Health Community**

**ECSA/HMC67/R8 Expression of Gratitude to the Government and People of the Republic of Zimbabwe**

### **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 inter-sectoral 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 and

**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:**

6. Periodically report on progress in implementation of the collegiate system to the HMC
7. Document and disseminate Best practices on innovative models of capacity building, including application of digital technology;
8. Conduct labour market studies for health workforce.

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

**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 multi-sectoral and multidisciplinary collaboration in defining and development of the health packages.

**Directs the Secretariat to:**

3. Document and disseminate best practices in defining and implementation of health benefit packages in the region and
4. 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 multi-sectoral 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.

### **Now therefore**

#### **Urges Member States to:**

1. Establish or strengthen formal frameworks for multi-sectoral 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
4. Strengthen urban health systems to respond to the dynamics and specific needs of urban populations.

#### **Directs the Secretariat to:**

5. Facilitate knowledge generation and exchange of evidence and collaboration among the ECSA Member States in urban health services.
6. Support member states in the implementation of the above resolutions.

## **ECSA/HMC67/R4: Creating Sustainable Food Systems to Address Malnutrition**

**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;

**Realizing** 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 regional 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; Direct food industries to comply to the national food fortification standards;
3. Mainstream adolescent nutrition in existing interventions under health, education and other key sectors;

4. Incorporate nutrition related training at all levels of health professionals' training and train, deploy and retain the nutrition cadre;

**Directs the Secretariat to:**

5. Generate evidence and document best practices on innovative approaches to introduce subsidies to promote purchasing and consumption of nutritious foods;
6. Facilitate advocacy, partnerships and the sharing of best practices on multi-sectoral nutrition policies and programs within the monitoring of the SDGs;
7. Support countries to scale up implementation of evidence based high impact nutrition interventions and responsive caregiving;
8. 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 multi-sectoral 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 multi-sectoral 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 multi-sectoral 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: -**

3. Support the Member States to implement the above resolutions.
4. Mobilize resources to support the Member States to implement the NAPs on AMR.
5. 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**

**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:**

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

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

**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 ECSCA 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**

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

**Recognizing** the excellent planning and preparation of this 67<sup>th</sup> 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 67<sup>th</sup> Health Ministers Conference;

#### **Now therefore**

1. Wishes to express its gratitude to the Government and the people of the Republic of Zimbabwe for hosting the 67<sup>th</sup> Health Ministers Conference.
2. 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 67<sup>th</sup> Health Ministers Conference.

## **Resolutions of the 69<sup>th</sup> Ministers Conference Taj Pamodzi Hotel, Lusaka, Republic of Zambia 19-21 February 2020 Theme: Innovation and Accountability in Health Towards Achieving Universal Health Coverage.**

### ***Preamble***

The East Central and Southern Africa Health Community 69<sup>th</sup> Health Ministers Conference was held at Taj Pamodzi Hotel, Lusaka, Zambia from 19<sup>th</sup> to 21<sup>st</sup> February 2020. The Conference was attended by Honourable Ministers, Heads of Delegation and senior officials from ECSA Health Community Member States, partner organizations, research institutions, civil society organizations and other key stakeholders. The Conference was organized under the theme: ***“Innovation and Accountability in Health Towards Achieving Universal Health Coverage”***.

The Conference was opened by the Vice President of the Republic of Zambia, Her Honour Inonge Mutukwa Wina, on behalf of His Excellency, President Edgar Lungu. The Chief Guest in

her address reflected on the theme and sub-themes of the Conference and lauded the Ministers and all participants for paying attention to both short-term and long-term solutions to the many health challenges in the region. She was particularly pleased to note that the theme of the Conference resonated well with the Africa Union Agenda 2063.

The Vice President reported on some of the areas of successful reforms undertaken by Zambia, and underscored the need for country investments in innovations and high impact interventions to address health challenges in the region. She noted that the ongoing Ebola virus disease outbreak in the Democratic Republic of Congo, and the recent Corona virus outbreak (COVID-19) posed serious threats that called for enhanced collaborative cross border surveillance efforts and partner coordination. She urged the Conference to come up with innovative solutions to the regional challenges by the end of the Conference.

The key message from the Guest of Honour was amplified by Dr Githinji Gitahi, MBS, in his keynote address, and by Prof Francis Omaswa in his discussion of Dr Githinji Gitahi's address, with calls for greater investment in health, more efficient utilization of available resources, backed by prioritization of those interventions, such as health promotion, disease prevention and keeping healthy people healthy, that offered the greatest returns on investment.

The Conference took stock of the key messages from the Chief Guest and the keynote address, and re-affirmed their commitment to promote the theme of the Conference: ***Innovation and Accountability in Health Towards Achieving Universal Health Coverage***.

#### ***Resolutions of the ECSA 69th HMC, February 2020***

Subsequent deliberations at the Conference proceeded under the following sub themes:

- Equity and Access to Eye Health in the ECSA region
- Opportunities for achieving Water, Sanitation and Hygiene Global Health Targets
- Efforts to Improve Adolescent and Young People's Health
- Innovative Approaches towards achieving Food Safety and
- Improving Quality of Life Prioritizing Challenges of Substance Use and Mental Health
- Challenges in ECSA region Tackling Emerging and Re-emerging Health Threats: A regional One Health Approach to Managing Recurrent Outbreaks

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

<b>ECSA/HMC69/R1</b>	<b>Equity and Access to Eye Health in the ECSA region</b>
<b>ECSA/HMC69/R2</b>	<b>Opportunities for achieving Water, Sanitation and Hygiene Global Health Targets</b>
<b>ECSA/HMC69/R3</b>	<b>Efforts to Improve Adolescent and Young People's Health</b>
<b>ECSA/HMC69/R4</b>	<b>Innovative Approaches towards achieving Food Safety and Improving Quality of Life</b>
<b>ECSA/HMC69/R5</b>	<b>Prioritizing the Challenges of Substance Use and Mental Health in the ECSA region</b>
<b>ECSA/HMC69/R6</b>	<b>Tackling Emerging and Re-emerging Health Threats: A Regional One Health Approach to Managing Recurrent Outbreaks</b>
<b>ECSA/HMC69/R7</b>	<b>Expression of gratitude to partners of the ECSA Health Community</b>
<b>ECSA/HMC69/R8</b>	<b>Expression of Gratitude to the Government and People of the Republic of Zambia</b>

## *Resolutions of the ECSA 69<sup>th</sup> HMC, February 2020*

### **ECSA/HMC/69/R1: Equity and Access to Eye Health in the ECSA region**

#### **The 69<sup>th</sup> Conference of Health Ministers:**

**Concerned** with the high burden of visual impairment and blindness in the ECSA region; with close to 21% of the region's population suffering from some form of eye illness;

**Aware** that 80% of the visual impairment and blindness are due to causes that can be prevented and treated with available cost-effective interventions;

**Cognizant** of low prioritization of eye health care in health planning and budgeting, and inequitable access to eye health care;

**Aware** of the huge returns on investment of interventions for eye health and that blindness has huge negative social and economic effects at individual, family, community and national levels;

**Noting** with satisfaction on some of the best practices in member states in tackling eye conditions such as retinopathy of prematurity and retinoblastoma through cost-effective programmes and policies; and

**Desirous** of making the most effective use of the scarce human, financial and other health resources within the region

#### **Now therefore**

##### **Urges Member States to:-**

1. Implement integrated approaches for prevention, control and management of eye health conditions at all levels, with emphasis on primary health care;
2. Increase access to eye health services at all levels, by investing in and ensuring equitable distribution of Human Resources for Eye Health (HREH) and promote inclusion of eye health agenda at national, regional and international level; and
3. Promote generation and use of evidence in policy and practice to improve eye health.

##### **Directs the Secretariat to:-**

1. Support the member states to implement this resolution; and
2. Generate and disseminate evidence on eye health care in the region.

### **ECSA/HMC69/R2: Opportunities for achieving Water, Sanitation and Hygiene (WASH) Global Health Targets**

#### **The 69<sup>th</sup> Conference of Health Ministers:**

**Recalling** RHMC/42/R9 which urged Member States to uphold and ensure the right of all citizens to adequate housing, food, safe water and sanitation;

**Cognizant** of SDG 6 on ensuring availability and sustainable management of water, sanitation and hygiene by 2030 and the new focus on access, equity and safely managed services;

**Recognizing** the need for multi-sectoral collaboration on WASH programmes in meeting global health targets, especially those on reducing maternal and neonatal mortality; reducing the

spread of antimicrobial resistance and preventing and containing disease outbreaks, control and elimination of NTDs such as trachoma;

**Aware** of the commitment made at the 72<sup>nd</sup> World Health Assembly to develop national roadmaps and strengthen health systems to improve WASH services in health facilities;

**Aware** of Member states' commitment on renewed focus on preventing early childhood deaths through the *Every Child Alive Campaign* to address WASH in health systems strengthening through the Astana Declaration; and

**Appreciating** the progress made by Member States in developing and implementing WASH strategies

**Now therefore**

**Urges the Member States to: -**

1. Review and/or develop WASH country policies and strategies to incorporate the new SDG targets on access, equity and the new focus on safely managed services
2. Promote multisectoral collaboration and encourage private sector investments in WASH initiatives
3. Develop WASH regulatory frameworks, including standards and ensure implementation and enforcement of the regulations Strengthen WASH services in health facilities in line with the 72<sup>nd</sup> WHA commitment

**Directs the Secretariat to: -**

1. Monitor the implementation of WASH programmes in Member States and report to the 73<sup>rd</sup> ECSA Health Ministers Conference
2. Support Member states in the implementation of this resolution

### **ECSA/HMC/69/R3: Efforts to Improve Adolescent and Young People's Health**

**The 69th Conference of Health Ministers:**

**Recalling resolutions:**

**CRHC/RMH26/R3.2** that urged member states to review adolescent health policies to ensure that school girls who become pregnant are given opportunity to continue with their education;

**CRHC/RMH32/R1** that urged member states to develop and put in place adolescent reproductive health policies and programmes;

**ECSA/HMC58/R4** that urged member states to build the capacity and empower adolescents through provision of sex education and communication strategies at all levels of education;

**ECSA/HMC65/R4** that urged member states to strengthen monitoring of the accountability framework for reproductive, newborn, maternal, adolescent and child health services, and

**ECSA/HMC67/R4** that urged member states to mainstream adolescent nutrition in existing interventions under health, education and other key sectors;

**Concerned** with the increase in malnutrition among adolescents due to poor dietary habits, among others;

**Further Concerned** with increasing early child marriages within the region that leads to high teenage pregnancies and associated risks;

**Cognizant** of the fact that the majority of the adolescents and youths in the ECSA Member States have limited access to information and youth-friendly healthcare services;

**Aware of** the limited availability of data on sexual and reproductive health for adolescents under 15 years;

**Aware** of the high burden of paediatric surgical disease, coupled with the limited and inequitable access to safe, affordable paediatric surgical and anaesthesia care; and

**Committed to ensure** that such inequalities and gaps in paediatric surgery and anaesthesia services are addressed in the spirit UHC (***Leaving no one behind***), and to ensure that the young population receive appropriate surgical and anaesthetic care

**Now therefore**

**Urges the Member states to: -**

1. Accelerate and/or sustain implementation of the past Resolutions on Adolescent Health;
2. Develop and/or enforce legislation that prevent early child marriages and harmful socio-cultural practices;
3. Strengthen the implementation of appropriate and comprehensive adolescent health and nutrition programmes with involvement of adolescents and young people;
4. Promote innovative platforms to increase access to information on adolescent health; and
5. Strengthen and/or build comprehensive, sustainable paediatric surgery and anaesthesia programmes, to address the gaps and need.

**Directs the Secretariat to:-**

1. Support Member States in the implementation of this resolution; And
2. Support member states to monitor the implementation of actions on adolescent and young people's health including young people under 15 years.

## **ECSA/HMC/69/R4: Innovative Approaches Towards Achieving Food Safety and Improving Quality of life**

**The 69th Conference of Health Ministers:**

**Concerned** that unsafe food creates a vicious cycle of diseases and malnutrition, particularly affecting infants, young children, elderly and other vulnerable groups;

**Aware** that issues of food safety may impede on socioeconomic development by posing a significant health burden on strained health care systems, and contributing to trade barriers with negative impact on national economies and tourism;

**Underscoring** the critical need to strengthen multi-sectoral collaboration as part of the One Health approach to comprehensively address food safety;

**Reaffirming** the Members States' commitments to global and regional guidance on food quality and safety in order to deliver the health and nutrition goals;

**Concerned** with the limited capacity of existing systems to deliver on food safety objectives, without leaving the informal food sector behind; and

**Appreciating** that food safety is key to achieving Sustainable Development Goals and is a shared responsibility for governments, producers and consumers

**Now therefore**

**Urges Member States to:-**

1. Adopt and implement the One Health approach to food safety through strengthening multisectoral collaboration;
2. Strengthen national food control systems and regulatory instruments for implementing and monitoring food safety control measures throughout the food systems;
3. Integrate food safety and quality aspects in pre-primary, primary, secondary and tertiary school's curriculum;
4. Invest in infrastructure and other resources for effective regulation and monitoring on food safety; and
5. Promote emerging technologies and innovative approaches to enhance food quality and safety practices.

**Directs the Secretariat to:-**

1. Facilitate cross country learning in the implementation of African Food Safety Index; and
2. Develop regional guidelines to support implementation of the One Health approach for food safety.

**ECSA/HMC69/R5: Prioritizing the Challenges of substance Use and Mental Health in ECSA region**

**The 69th Conference of Health Ministers:**

**Recalling RHMC/25/R3.2** that urged member states to strengthen substance abuse policies (including legislation), targeting adolescents;

**Recalling RHMC/32/R1** that urged member states to address alcohol and other substance abuse as social determinants of health;

**Recalling RHMC/44/R3** that directed ECSA Secretariat to address the linkage between HIV/AIDS, alcohol and substances abuse;

**Aware of** existing legislations on substance use prevention in the ECSA region;

**Concerned** with the increasing rate of substance use by young people, leading to high rates of mental ill health;

**Further concerned** with inadequate number of mental health experts in the ECSA region;

**Acknowledging** the efforts made by member states in addressing mental ill health and substance use; and

**Concerned** with the increased availability and harmful use of cannabis, heroin, cocaine, amphetamines, opioid derivatives and other synthetic substances

**Now therefore**

**Urges Member States to:-**

1. Strengthen the capacity of human resources for health for effective provision of mental health services;
2. Develop and/or strengthen mental health policies and programmes to guide service delivery, training and research;

3. Promote multi-sectoral approaches in combating substance use by engaging others sectors including education, agriculture, youth, trade and border control agencies; and
4. Incorporate medicines for mental ill health in the Essential Medicines List

**Directs the Secretariat to:-**

1. Establish an expert committee on mental health and substance use; and
2. Facilitate dissemination and scale up of effective models/best practices for responding to mental ill health and substance use

**ECSA/HMC69/R6: Tackling Emerging and Re-emerging Health Threats: A regional One Health Approach to Managing Recurrent Outbreaks**

**The 69th Conference of Health Ministers:**

**Recalling Resolutions:**

- **ECSA/RHMC/48/R7** urging Member States to establish and strengthen laboratory services for monitoring MDR and XDR TB,
- **ECSA/HMC58/R3** on Promotion of Multi-sectoral and Cross border coordination & collaboration in Disease Prevention and Control,
- **ECSA/HMC60/R4** on Control and prevention of Infectious diseases urging Member States to strengthen surveillance systems, emergency preparedness and response to Viral Haemorrhagic Fever outbreaks including Ebola Virus Disease, and
- **ECSA/HMC62/R4** urging Member States to strengthen disease surveillance systems and laboratory diagnostic capacity at community, sub national and national levels;

**Aware** of the high burden of infectious diseases in ECSA region with many epidemics that have occurred in the last decades including Viral Hemorrhagic Fevers and other emerging and re-emerging infectious diseases;

**Concerned** by the grave threat posed by the current outbreak of the novel coronavirus disease (COVID-19) that has been declared a Public Health Emergency of International Concern (PHEIC);

**Appreciating** that most of the ECSA-HC Member States have conducted Joint External Evaluations (JEE) to assess the implementation of the International Health Regulations (IHR 2005) and Global Health Security Agenda;

**Mindful** of the existing gaps in capacity to implement the International Health Regulations (IHR (2005), particularly related to workforce development, infrastructure, budgetary allocation, management of zoonotic diseases and antimicrobial resistance;

**Acknowledging** the efforts and investments that have been made by the Member States and Partners in enhancing capacities for emergency preparedness, surveillance and response to outbreaks and other public health events; and

**Further acknowledging** that weaknesses still exist and need to be addressed to build resilient systems for emergency preparedness and response

**Now therefore**

**Urges the Member States to: -**

1. Accelerate and sustain the implementation of past resolutions on emerging and re-emerging health threats;
2. Establish and/or strengthen and operationalize National Public Health Institutes in-line with the Africa CDC Strategy to coordinate preparedness and surveillance systems in a multi-sectoral approach, including Emergency Operating Centres (EOCs);
3. Strengthen cross-border collaborations between Member States in emergency preparedness and response to epidemics and other events of public health concern;
4. Develop and/or implement National action plans for health security including multi-hazard preparedness and response plans to address gaps identified in the Joint External Evaluation (JEE) assessments;
5. Strengthen surveillance systems for prevention, early detection and appropriate response to threats of disease outbreaks, including COVID-19; and
6. Establish and/or strengthen events based surveillance to enhance early detection of disease outbreaks

**Direct the Secretariat to: -**

1. Review and document the progress made in the implementation of past resolutions on emerging and re-emerging health threats and report to the 71st HMC; and
2. Support the Member States to implement this Resolution

**ECSA/HMC69/R7: Expression of Gratitude to Partners of the ECSA Health Community  
The 69th 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 in the spirit of innovation and mutual accountability to achieve Universal Health Coverage.

**ECSA/HMC69/R8: Expression of Gratitude to the Government and People of the Republic of Zambia  
The 69th Health Ministers Conference**

**Humbled** by the readiness of the Government of the Republic of Zambia, through the Ministry of Health to host the 69th ECSA Health Ministers Conference;



**Recognizing** the excellent planning and preparation of this 69th ECSA Health Ministers Conference;

**Appreciative** of the warm hospitality and generosity extended by the Government and the people of the Republic of Zambia to Ministers and Delegations of ECSA-HC, their partners, members of the secretariat and all participants of the 69th Health Ministers Conference;

**Now therefore:**

1. Wishes to express profound gratitude to the President of the Republic of Zambia, His Excellency Edgar Chagwa Lungu, the Government and the people of the Republic of Zambia for hosting the 69<sup>th</sup> Health Ministers Conference;
2. Humbly requests the Minister of Health of the Republic of Zambia to convey the individual and collective gratitude of the Health Ministers and delegates to Her Honour, Inonge Mutukwa Wina, the Vice President of the Republic of Zambia, for officially opening the 69<sup>th</sup> Health Ministers Conference; and
3. Reaffirms its commitment to achieving Universal Health Coverage with renewed vigour and a focus on innovation and accountability through multi-sectoral collaboration.





## **Resolutions of the 71<sup>st</sup> Health Ministers Conference**

**8<sup>th</sup> - 9<sup>th</sup> February 2023**

### **Theme: Stronger Health Systems Post COVID-19 for the attainment of Universal Health Coverage in the ECSA region**

#### ***Introduction***

The East, Central and Southern Africa Health Community 71<sup>st</sup> Health Ministers Conference was held at Avani Lesotho Hotel, Maseru, in the Kingdom of Lesotho. The Conference was attended by Honourable Ministers, Heads of Delegations, senior officials from ECSA Health Community Member States, partner organizations, research institutions, civil society organizations and other key stakeholders. The Conference was organized under the theme: ***“Stronger Health Systems Post COVID-19 for the attainment of Universal Health Coverage in the ECSA region.”***

The 71<sup>st</sup> Health Ministers Conference was opened by Her Excellency the Deputy Prime Minister (DPM) Justice Nthomeng Majara, on behalf of His Excellency, the Right Honourable Sam Matekane MP, Prime Minister of the Kingdom of Lesotho. In her address, the Guest of Honour reiterated that the theme of the Conference, was timely and appropriate.

The Deputy Prime Minister stated that the COVID-19 pandemic challenged health systems globally, regardless of economic status, and that it demonstrated the need to strengthen health systems in the face of any unforeseen health threats. She further emphasized the imperative for countries in the ECSA region to increasingly rely on domestic resources since external funding was uncertain and not sustainable in the long term.

The Guest of Honour also made an appeal to partners to support the Kingdom of Lesotho to establish its own medical school, a vision that was previously articulated by the late Right Honourable Prime Minister Leabua Jonathan in his address to the Health Ministers Conference held in the Kingdom of Lesotho in 1976.

Subsequent deliberations at the Conference proceeded under the following sub-themes:

- **Country and Regional Response to COVID-19: Challenges, lessons and opportunities**
- **Strengthening health systems for prevention, preparedness, detection of and response to emerging and re-emerging infectious diseases.**

- **Consolidating sustainable local solutions for Human Resources for Health**
- **Accelerating interventions and gender inclusiveness towards better health outcomes**
- **Innovative approaches towards sustainable financing of health care**

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

<b>ECSA/HMC71/R1</b>	<b>Strengthening systems for the prevention, preparedness, detection and response to emerging and re-emerging infectious diseases including COVID-19.</b>
<b>ECSA/HMC71/R2</b>	<b>Consolidating Sustainable Local Solutions for Human Resources for Health (HRH)</b>
<b>ECSA/HMC71/R3:</b>	<b>Accelerating Interventions and Gender Inclusiveness Towards Better Health Outcomes in RMNCAH</b>
<b>ECSA/HMC71/R4</b>	<b>Innovative Approaches Towards Sustainable Financing of Healthcare</b>
<b>ECSA/HMC71/R5</b>	<b>Application of implementation research to inform policy and practice in ECSA-Region</b>
<b>ECSA/HMC71/R6</b>	<b>Expression of Gratitude to Partners of the ECSA Health Community</b>
<b>ECSA/HMC71/R7</b>	<b>Expression of Gratitude to the Government and People of the Kingdom of Lesotho</b>

**ECSA/HMC71/R1: Strengthening systems for the prevention, preparedness, detection and response to emerging and re-emerging infectious diseases including COVID-19.**

**The 71<sup>st</sup> Conference of Health Ministers:**

**Noting** with concern the threat to human health, safety and well-being that was imposed by the coronavirus disease 2019 (COVID-19) pandemic, which spread all around the globe, as well as the unprecedented and multifaceted effects of the pandemic, including the severe disruption to societies, economies, global trade and travel and the devastating impact on the livelihoods of people;

**Recognizing** that the COVID-19 global pandemic as well as other emerging and re-emerging pandemics require a global response based on unity, solidarity and multilateral cooperation;

**Noting with concern** the difficulties Member States experienced in accessing the required medical technologies and supplies for combating COVID-19, occasioned by weak manufacturing capacities in the region;

**Noting** that regional and global health security depends on timely actions to rapidly detect, report, confirm and respond to epidemic alerts;

**Appreciating** the effort and investments made by the various Member States, regional and international partners to respond to the pandemic by expanding health and other relevant infrastructure, human resources for health, medicines and commodities, and in enhancing community and health system surveillance and response systems, among other interventions;

**Concerned** that gaps in preparedness and response to emerging and re-emerging public health threats still exist and that further investments are needed to build resilient systems that are epidemic ready;

**Recognizing** the critical role that communities play in detection, prevention, preparedness and response to health emergencies; and

**Recalling:**

- Past resolutions urging member states to strengthen laboratory diagnostic capacity (as in **HMC34/R4, RHMC/48/R, HMC56/R3**),
- Past resolutions urging member states to strengthen surveillance systems, enhance capacity for disease surveillance and emergency preparedness to effectively manage events of public health concern and to promote Multi-sectoral and Cross-border Coordination and Collaboration in disease control (**HMC58/R3, HMC60/R4, HMC62/R4, HMC65/R2, HMC69/R6**);

**Now therefore**

**Urges Member States to:-**

1. Foster collaboration for local production of medicines, diagnostics, vaccines and other health technologies to improve access in the ECSA region, *inter alia*, through
  - Establishing regional centers of excellence for production of health products;
  - Establishing or strengthening and making accessible health innovation funds;
  - Developing and sharing regionally domestic information and regulatory capacities;
  - Strengthening national agencies to regulate the safety of these products.
2. Support pooled procurement initiatives of medical supplies and vaccines in order to benefit from economies of scale.
3. Establish and/or strengthen National Public Health Institutes.
4. Establish mechanisms for providing expedited approvals of research activities, including clinical trials, for solutions aimed at saving lives during public health emergencies.

5. Invest in modern technologies for prevention, detection, preparedness, response and management of pandemics/epidemics in the region including roll out of genomic sequencing surveillance technologies.
6. Assess and develop strategies to address the health impact of the African Continental Free Trade Agreement.
7. Revitalize the Global Health Diplomacy in order to better prepare and position the region during global dialogues on health and trade amongst others.
8. Establish and implement strategies for sustainable investment in community health, including community health workers.
9. Accelerate and track the implementation of the past resolutions.

**Directs the Secretariat to:**

1. Support Member States in the implementation of the above resolutions.
2. Enhance resource mobilization strategies and foster collaborations with other partners in order to support the Member States to implement the above resolutions.
3. Support the Member States to track implementation of past resolutions and report accordingly during the 73<sup>rd</sup> HMC.

**ECSA/HMC71/R2: Consolidating Sustainable Local Solutions for Human Resources for Health (HRH)**

**The 71<sup>st</sup> Conference of Health Ministers:**

**Cognizant** of the critical role of HRH in ensuring resilient, sustainable and responsive health systems including in pandemic preparedness and response;

**Aware** of disturbing phenomenon where qualified health workers are not absorbed into the national health systems (both public and private sectors) after completion of training yet the numbers of health workers at the health facilities remain below the WHO recommended standards;

**Further aware** that trainings in most of the ECSA member states are under the mandate of Ministries responsible for Education and that education services are also undertaken by the private sector who may be driven primarily by the profit motive;

**Encouraged** that approaches and strategies for sustainable solutions for HRH quality and numbers such as the ECSA collegiate model have been tested and found to work for the region;

**Noting with concern** the limited Member States' recognition of the ECSA CHS affiliate professional colleges' trainees which delays their registration and practice;

**Further aware** of the need to improve the quality of paediatric and child health services;

**Noting** the efforts made by Paediatricians towards establishing the ECSA College of Paediatrics and Child Health;

**Concerned** about limited responsiveness of the health systems and health care workers to citizens legitimate expectations;

**Aware** of the limited support provided to health workers wishing to undertake specialization in Dermatology;

**Recognizing** the ongoing efforts of WHO AFRO in developing the African Health workforce Investment Charter;

**Aware** that the custodians of medical services and practices are the National health regulatory bodies;

**Considering** the submission for the establishment of the ECSA College of Paediatrics and Child Health;

**Recalling:-**

- Past resolutions urging the establishment of regional professional colleges for training of specialist health care workers, harmonization of training curricula, mutual intercountry recognition of qualifications (**HMC25/R4, HMC26/R8 and HMC62/R5**)
- Past resolutions urging the defining of human resource needs and standards of staffing per health service delivery level; development of context specific HRH policies and strategies; incentivizing and motivation of health workers, and human resources information system (**HMC40/R3, HMC67/R1 and HMC42/R4**)

**Noting** that progress has been made on the past resolutions, however gaps remain;

**Aware** that addressing these gaps requires full and accelerated implementation of past resolution.

**Now therefore**

Approve for the establishment of the **ECSA College of Paediatrics and Child Health (ECSAPACH)** to operate under the auspices of ECSA College of Health Sciences.

**Urges Member States to: -**

1. Strengthen the HRH planning and policy by working closely with the respective ministries responsible for finance, education and employment to ensure production of optimal numbers of health workers that can be absorbed into established streams, including public health service, private health services, other relevant sectors and context appropriate labour export.
2. Support the draft WHO AFRO African Health workforce Investment Charter.

3. Introduce Values Clarification and Attitudes Transformation (VCAT) modules in all health workers pre-service training curricula and in-services training programs to improve health systems responsiveness.
4. Support qualified health workers, including providing scholarships to undertake specialist training at regional centres of excellence, such as dermatological training at Regional Centres of Excellence on Dermatology, and facilitate their proper placement up on completion.
5. Promote co-existence of the collegiate model of training and the traditional academic programmes at universities or similar institutions.
6. Increase investment in paediatrics surgical services including supporting the establishment of Centres of Excellence for paediatric surgery as feasible.

### **Directs the Secretariat to:-**

1. Accelerate the process of facilitating the harmonization of standards for different health professions in the region.
2. Facilitate collaboration of ECSA colleges with other professional, regional and national regulatory bodies and authorities.
3. Support member states in the in the implementation of the above resolutions.

### **ECSA/HMC71/R3: Accelerating Interventions and Gender Inclusiveness Towards Better Health Outcomes in RMNCAH**

#### **The 71<sup>st</sup> Conference of Health Ministers:**

**Aware** of importance of gender equality and empowerment towards achieving the Sustainable Development Goals;

**Concerned** with the increased incidences of violence against children and the long-term consequences thereof that threaten to undermine investments in children's health and well-being;

**Further concerned** that more than 5 million women, children and adolescents globally die from preventable health conditions every year;

**Mindful** of disruptions of the Sexual and Reproductive Health and Rights (SRHR) and Maternal Neonatal Child and Adolescent Health (MNCAH) services during COVID-19;

**Appreciative** of the collaborative efforts by ECSA-HC and its partners towards strengthening child protection and inclusion of gender aspects towards better adolescent health and nutrition in the region;

**Determined** to accelerate gender equality in health status and health development through research, policies, and programs;



**Informed** by recent regional studies that found Violence Against Children (VAC) to be prevalent in the ECSA region;

**Recalling** past resolutions on tackling Gender Based Violence (GBV) and Child Sexual Abuse (CSA) with interventions that target both men and women to ensure constructive male involvement, and adoption and implementation of a Regional Prototype Policy on GBV and CSA (e.g., **HMC52/R4 and HMC46/R4**).

*Now therefore*

### **Urges Member States to:-**

1. Advocate for the use of context specific Violence Against Children (VAC) data to inform and drive systems-based actions within the health and other key sectors, including integration of VAC Survey indicators into national surveys and data collection efforts.
2. Strengthen capacity of frontline workers to screen and care for victims and survivors of childhood violence and respond to violence against children.
3. Establish and/or strengthen mechanisms to monitor, track and report on the maternal near miss cases in maternal perinatal death surveillance and review programs.
4. Incorporate comprehensive package of Sexual and Reproductive Health services in the Universal Health Coverage policies and programs.
5. Prioritize adoption of the Regional Adolescent Nutrition Advocacy Strategy and its dissemination plans.

### **Directs the Secretariat to:-**

1. Track the implementation of the past resolutions on Gender Based Violence and Child Sexual Abuse and implementation the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse, and provide an update to the 73<sup>rd</sup> HMC.
2. Facilitate the sharing of country experiences and lessons learnt on impact of integration of gender for better health outcomes.
3. Establish and support an accountability mechanism to measure progress in implementation of the Adolescent Nutrition Advocacy Strategy.

**ECSA/HMC71/R4: Innovative Approaches Towards Sustainable Financing of Healthcare**

### **The 71<sup>st</sup> Conference of Health Ministers:**

**Concerned** with the increasing healthcare demands that overstretch available health resources;

**Cognizant** of the high levels of out-of-pocket expenditure, including indirect costs incurred by citizens in accessing healthcare services;

**Noting** the various innovative mechanisms for raising domestic funds for health;

**Further noting** the progress made by member states in developing Roadmaps for improving health financing systems;

**Concerned** that the roadmaps on health financing have remained largely unimplemented;

**Concerned** with the generally low spending on health, which falls below the minimum recommended threshold;

**Appreciating** the financial support of external partners through various mechanisms, in the full awareness that this support is not sustainable;

**Recalling** past resolution urging member states to identify health financing approaches that are relevant and appropriate for scaling up (e.g., HMC 34/R1);

**Aware** that the share of budgetary allocation to health in most member states still falls below the Abuja Declaration targets;

**Encouraged** by the renewed commitment of the Heads of State and Government of the African Union, to increase investments in health, through the African Leadership Meeting (ALM) Declaration;

**Further Encouraged** by the December 2022 resolution of the United Nations on the promotion of inclusive and effective international tax cooperation;

***Now therefore***

**Urges Member States to: -**

1. Accelerate the implementation of past HMC Resolutions on Health Financing
2. Build the capacities to gather evidence, plan and negotiate for domestic health financing, for contracting effective partnerships and performance agreements, and for making clear the cost of delivering the benefit package for Universal Health Coverage.
3. Assess and engage ministries responsible for finance on measures to expand tax financing options for achievement of Universal Health Coverage and social protection.
4. Ensure that out-of-pocket financing does not expose citizens to catastrophic and impoverishing expenditure by moving from roadmaps to implementation of mandatory pre-payment mechanisms for healthcare, including implementing approaches such as progressive tax initiatives and National Health Insurance schemes that pool different funding sources for income and risk cross-subsidisation.
5. Address factors that undermine effective use of existing budget resources, including delayed disbursements and lack of retention of surpluses in the Health Ministry.
6. Adopt and promote the use of WHO Health Financing Progress Matrix (HFPM) in the assessment of national health financing system to inform decision making and policy development.

### **Directs the Secretariat to: -**

1. Facilitate the engagement between Ministries of Health and Finance and other expertise towards the implementation of these resolutions.
2. Establish links with the African Union and partners to provide health evidence to support initiatives towards a fairer global tax system.
3. Facilitate capacity building for health economics and health financing in the region.

### **ECSCA/HMC71/R5: Application of implementation research to inform policy and practice in ECSCA-Region**

#### **The 71<sup>st</sup> Conference of Health Ministers:**

**Cognizant** of the vital role health research plays in addressing global health challenges, such as Tuberculosis (TB), Covid-19 and other infectious disease surveillance and Occupational health;

**Acknowledging** the operational research studies that have been undertaken under the Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project in the thematic areas of *Surveillance and Private Sector Engagement in TB Control, Occupational Health, Covid 19 surveillance and Disease surveillance, Community TB Management, and Economics of TB*;

**Noting** the gaps in TB surveillance systems resulting into under-reporting of TB cases and underestimation of the true burden of the disease with implications on TB case management and reaching the end TB by 2030 goal;

**Further noting** limited engagement of private and other public sectors in responding to TB and other diseases which leads to under notification of TB patients;

**Concerned** about gaps on implementation of policy and legislation on mines health and occupational hygiene and control of employees' exposure to respirable silica dust;

**Recalling** past resolutions calling for the strengthening laboratory services for monitoring MDR and XDR TB, promotion of Multi-sectoral and Cross-border Coordination and Collaboration in Disease Prevention and Control, and identification of appropriate health financing approaches (e.g., HMC48/R7, HMC58/R3, HMC34/R1);

### **Now therefore**

#### ***Urges member states to: -***

1. Strengthen TB surveillance systems including use of real time reporting (electronic reporting at all levels) and introduce case-based management of TB patients.
2. Engage all relevant sectors, civil societies and affected communities to respond to TB under the multisectoral accountability framework for TB to facilitate the attainment of the UNHLM targets and End TB strategy.

3. Implement policy and legislation which mandates mines operating within the country to perform mandatory occupational hygiene monitoring and control of employees' exposure to respirable silica dust.
4. Prioritize investment in health research to inform policy and programming.

### **Directs the Secretariat to: -**

1. Provide technical guidance, training, coaching and mentorship of Occupational Health Inspectors
2. Provide technical guidance on best practice for disease surveillance and associated systems.
3. Continue mobilizing resources to support countries to implement above resolution.
4. Strengthen the M&E system to facilitate tracking of implementation of past HMC resolutions in this regard.

## **ECSCA/HMC71/R6: Expression of Gratitude to Partners of the ECSCA Health Community**

### **The 71<sup>st</sup> Conference of Health Ministers:**

**Recognizing** 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 ECSCA Secretariat towards the implementation of Resolutions and Commitments 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 strengthen the coordination of partners at regional and country level in the spirit of innovation and mutual accountability to achieve Universal Health Coverage.

## **ECSA/HMC71/R7: Expression of Gratitude to the Government and People of the Kingdom of Lesotho**

### **The 71<sup>st</sup> Health Ministers Conference:**

**Humbled** by the readiness of the Government of the Kingdom of Lesotho, through the Ministry of Health, to host the 71<sup>st</sup> Health Ministers Conference;

**Recognizing** the excellent planning and preparation of this 71<sup>st</sup> Health Ministers Conference;

**Appreciative** of the warm hospitality extended by the Government and the people of the Kingdom of Lesotho to Ministers and Delegations of ECSA-HC Member States, their partners, members of the secretariat and all participants of 71<sup>st</sup> Health Ministers Conference;

### **Now therefore: -**

1. Wishes to express profound gratitude to His Majesty King Letsie III, His Excellency the Right Honourable Prime Minister, MP Sam Matekane, the Government and the people of the Kingdom of Lesotho for hosting the 71<sup>st</sup> ECSA Health Ministers Conference,
2. Humbly request the Minister of Health of the Kingdom of Lesotho to convey the individual and collective gratitude of the Health Ministers and all delegates to her Excellency the Right Honourable Deputy Prime Minister, Justice Nthomeng Majara for officiating at the Opening Ceremony of the Conference; and
3. Reaffirms its commitment to achieving Universal Health Coverage with renewed vigour and a focus on innovation and accountability through multi-sectoral collaboration.



## Resolutions of the 73<sup>rd</sup> Health Ministers Conference

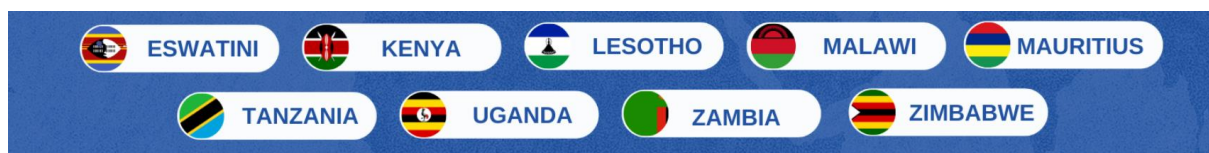
**Theme: 50 Years of Leadership and Excellence in Regional Health  
Collaboration**

**Gran Melia Hotel,**

**Arusha**

**United Republic of Tanzania**

**20<sup>th</sup> - 21<sup>st</sup> June 2024**



## Resolutions of the 73<sup>rd</sup> ECSA Health Ministers Conference

### Preamble

The East, Central and Southern Africa Health Community 73<sup>rd</sup> Health Ministers Conference was held at Gran Melia, Arusha in the United Republic of Tanzania from June 20 -21, 2024. The Conference was attended by Honourable Ministers, Heads of Delegations, senior officials from ECSA Health Community Member States, partner organizations, research institutions, civil society organizations and other key stakeholders. The Conference was organized under the theme: 50 Years of Leadership and Excellence in Regional Health Collaboration.

The HMC was officially opened by Ms Seipati Monyobi, Deputy Principal Secretary for the Kingdom of Lesotho representing the Minister Hon Selibe Mochoboroane. In her remarks, Ms. Seipati welcomed participants and extended her gratitude to everyone who volunteered countless hours and contributed to the discussions for a positive change. She further indicated that over the past 50 years, ECSA member states have faced several public health challenges that sometimes appears to be insurmountable but by holding each other's hand the countries have triumphed and the region has excelled. She emphasized on the need for regional collaboration considering the countries face similar problems. Ms. Seipati further reminded the delegates that ECSA-HC was founded by the Ministers of Health who felt the need for collective action to address health problems in the region to leverage on each other's strengths and maximize the available opportunities. Moved by the growing burden of diseases and competing needs for limited resources in all member states. She further noted that ECSA-HC's contribution has made a profound difference in the lives of citizen in the Region.

Deliberations at the Conference proceeded under the following sub-themes:

- 1. Human Resources for Health**
- 2. Health Financing**
- 3. Emerging and Re-emerging infectious diseases and health emergencies**
- 4. Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition**
- 5. Non-communicable, mental health and Substance use**
- 6. Mitigating the effects of climate change on health**
- 7. Technology and Innovations in health**

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

**ECSA/HMC73/R1:** Building Skilled Human Resources for Health Towards the Attainment of Universal Health Coverage in the ECSA -HC Region

**ECSA/HMC73/R2:** Health Financing to build resilient health systems

**ECSA/HMC73/R3:** Emerging and Re-emerging infectious diseases and health emergencies

**ECSA/HMC73/R4:** Strengthening Implementation of National Action Plans on Antimicrobial Resistance (AMR)

**ECSA/HMC73/R5:** Reproductive, Maternal, Neonatal, Child and Adolescent Health

- ECSA/HMC73/R6:** Nutrition for promoting health and development
- ECSA/HMC73/R7:** Non-communicable diseases, injuries, mental health and Substance abuse
- ECSA/HMC73/R8:** Mitigating the effects of climate change on health
- ECSA/HMC73/R9:** Technology and Innovations in health
- ECSA/HMC73/R10:** Sustaining the interventions for TB in the Mining Sector
- ECSA/HMC73/R11:** Expression of Gratitude to Partners of the ECSA Health Community
- ECSA/HMC73/R12:** Expression of Gratitude to the Government and People of the United Republic of Tanzania



## ACRONYMS

AI	:	Artificial Intelligence
AMC	:	Antimicrobial Consumption
AMR	:	Antimicrobial Resistance
AMU	:	Antimicrobial Use
AYSRH	:	Adolescent and Youth Sexual and Reproductive Health
CHS	:	College of Health Sciences
CHWs	:	Community Health Workers
COSESCA	:	College of Surgeons of East Central and Southern Africa Africa
CPD	:	Continuous Professional Development
CSO	:	Civil Societies Organization
EBS	:	Event-Based Surveillance
ECSA-HC	:	East, Central and South Africa Health Community
ECSACOPHP:	:	ECSA Colleges of Public Health Physicians
ECSAFP	:	ECSA College of Family Physicians
EMRs	:	Electronic Medical Records
GSPP	:	Government Sector Performance Plan
HIV/AIDS	:	Human Immunodeficiency Virus/ AIDS/Acquired Immunodeficiency Syndrome
HMC	:	Health Ministries Conference
HRH	:	Human Resources for Health
ICN2	:	International Conference on Nutrition
IDSR	:	Integrated Disease Surveillance and Response
IHR	:	International Health Regulations, 2005
LMICs	:	Lower Middle-Income Countries
MNCH	:	Maternal, Newborn and Child Health
N4G	:	Nutrition for Growth
NAP	:	National Action Plans
NCDs	:	Non-Communicable Diseases
RMNCAH	:	Reproductive Maternal Neonatal Child and Adolescent Health
SADC	:	Southern Africa Development Community
SDGs	:	Sustainable Development Goals
TB	:	Tuberculosis
TIMS	:	TB in the Mining Sector
UNFCCC	:	United Nations Framework Convention on Climate Change
VAC	:	Violence Against Children
WASH	:	Water, Sanitation and Hygiene
WHA	:	World Health Assembly
WHO	:	World Health Organisation

## ECSA/HMC73/R1: Building Skilled Human Resources for Health Towards the Attainment of Universal Health Coverage in the ECSA-HC Region

### Preamble

- **Cognizant** of the critical role of HRH in ensuring resilient, sustainable and responsive health systems and it's encompassing not only the technical skills essential for creating and maintaining health but also the support system skills.
- **Encouraged** that approaches and strategies for sustainable solutions for HRH quality and numbers such as the ECSA collegiate model have been tested and found to work for the region.
- **Aware** of current status of the retention of specialists at 88.8% and the disturbing phenomenon where qualified health workers are not absorbed into the national health systems (both public and private sectors) after completion of training yet the numbers of health workers at the health facilities remain below the WHO recommended standards.
- **Appreciating** the effort and investments made by the ECSA College of Surgeons (COSECSA), in collaboration with AO Alliance Foundation and COSECSA orthopedic and trauma experts to enhance patient care by developing comprehensive guidelines on Closed Femoral Shaft Fractures, Open Tibial Shaft Fractures, and Closed Ankle Fractures.
- **Noting with concern** the limited Member States' recognition of the ECSA CHS affiliate professional colleges' trainees which delays their registration and practice.
- **Aware** of the impeding low female enrolment and graduation rate (21%) in ECSA-Colleges and the of importance of gender inclusivity, equality and empowerment towards achieving the Sustainable Development Goals and committed to accelerating gender equality in health status and health development through training, research, policies, and programs.
- **Mindful** of the need to improve the quality of physicians and Family Physicians through Public Health and Family Health training.
- **Noting** the efforts made by Public Health Physicians and Family Physicians towards establishing the ECSA Colleges of Public Health Physicians (ECSACOPHP) and Family Physicians (ECSAFHP).
- **Concerned** about the limited support provided to trainees in the form of scholarships, particularly to address the mismatch between the annual large number of applicants and the low enrolment rates in the various programs of the ECSA colleges' training due to trainees limited financial capacity.
- **Recalling**
  - **Resolutions 25/HMC/R4 (1996)** and **26/HMC/R2 (1997)** that called for the establishment of regional professional colleges for training of specialist health care workers.
  - **Resolution 40/HMC/R3 (2004)** that urges the defining of human resource needs and standards of staffing for the different levels of health service delivery; developing HRH policies and strategies, promote appropriate and innovative approaches to training of health professional; and retention of health professionals through improving the conditions of service.

- **Resolution 42/HMC/R4(2006)** on Human Resources for Health that urged for the development of national systems of continuous professional development (CPD) that promote on-the- job and team-based training; Development of financial and non-financial strategies to encourage retention of health professionals; harmonization of curricula for training health professionals; Promote the establishment of centers of excellence for training of health professionals in the region.
- **Resolution 62/HMC/R5 (2015)** on Innovations in Health Professional Training using the ECSA College of Health Sciences Model that recognised the contribution of the colleges and urged for the coordination and support towards establishment of professional colleges.
- **Resolution 67/HMC/R1 (2018)** that urged for studies exploring linkage of Health Workforce to Labour Market Outcome; periodic review and update the staffing level and ratio per cadre per health service delivery level in line with the WHO workforce standard.
- **Resolution 71/HMC/R2 (2023)** on Consolidating sustainable local solutions for Human Resources for Health that urged Member States to support qualified health workers, including providing scholarships to undertake specialist training and facilitate their proper placement upon completion; strengthen the HRH planning and policy by working closely with the respective ministries responsible for education and employment so that respective member states produces optimum numbers of health workers that can be absorbed into established streams, including public health service, private health services; and continue supporting the establishment of professional colleges affiliated to the ECSA College of Health Sciences.
- **Noting** that progress has been made on the past resolutions, however gaps remain.
- **Aware** that addressing these gaps requires full and accelerated implementation of past resolution.

***Now therefore,***

1. Approve the establishment of the ECSA College of Public Health Physicians under ECSA College of Health Sciences (ECSA-CHS).
2. Approve the establishment of the ECSA College of Family Physicians to operate under ECSA College of Health Sciences (ECSA-CHS).

**Urges Member States to: -**

1. Support the operationalisation of the ECSA-CHS to facilitate the full recognition of specialist disciplines qualifications by national accreditation authorities and ensure graduates are acknowledged and can practice within their respective countries and across the ECSA region.
2. Promote implementation of gender inclusion and mainstreaming in the training programmes and other ECSA-HC Capacity building programmes.

3. Develop and implement strategies for the absorption and retention of specialised Human Resources for Health (HRH).

**Directs the Secretariat to: -**

1. Support the member states to accelerate the process of harmonization of standards and guidelines for different colleges in the region, including the AO Alliance/COSECSA Orthopaedic and Trauma guidelines and standards to improve the quality of patient care.
2. Facilitate the engagement between Ministries of Health and Ministries of education and other relevant bodies towards the full recognition of the Collegiate training model at country level.
3. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

## **ECSA/HMC73/R2: Health Financing to build resilient health systems**

### **Preamble**

- **Noting** the Abuja Declaration of (2001) which set a target of allocating at least 15 percent of the national budgets to improve health care.
- **Further noting** the 2017 estimates by WHO which states that At least 112 USD per capita, is the amount needed in lower middle-income countries (LMICs) for all services and interventions needed to achieve the health-related sustainable development goals (SDG3).
- **Concerned** with the slow progress by member states toward meeting the targets of the Abuja Declaration (2001) which set a target of allocating at least 15 percent of the national budgets to improve health care.
- **Further concerned**, with the low expenditure on health by member states which fall far below the 2018 World Bank estimates of 90 USD per capita per year that is needed for Universal Health Coverage.
- **Noting** of the existing financial barrier to accessing primary health care in the ECSA-HC member states including the catastrophic health expenditure by citizens in the region.
- **Aware** of the commitments and resolution by all UN member states and the 32<sup>nd</sup> Summit of the African Union in Addis Abba in 2019 that set ambitious targets including the attainment of Universal Health Coverage by 2030.
- **Cognizant** of limited of skilled human resource to perform economic analysis and modelling that would provide critical information to inform efforts towards the attainment of Universal Health Coverage.
- **Aware** of the pressure of climate change and other natural disasters on the cost of delivery of health services and note limited evidence to inform policy and decision- making.
- **Recalling**
  - **Resolution ECSA/HMC/42/R6 (2006):** Resource Mobilization; which urged member states to develop comprehensive national health financing strategies

encompassing enhanced public financing, social health insurance and community health financing.

- **Resolution ECSA/HMC/44/R6 (2007):** Enhancing the Performance of Health Systems to Accelerate the Attainment of MDGs of 2007 which required countries to; Institutionalize National Health Accounts, conducting it biannually and allocate a budget line for its implementation and for the secretariate to evaluate Performance Based Financing models in the region, to feed into future PBF policies.
- **Resolution ECSA/HMC/56/R4 (2012):** Health Financing and Equity in Maternal, Newborn and Child Health (MNCH), urging member states to consolidate approaches to health financing, organization and integration of services that achieve equitable allocation of human and financial resources to frontline and community health services for women and children.
- **Resolution ECSA/HMC/62/R2 (2015):** Enhancing Universal Health Coverage through Innovations in Health Financing for Financial Risk Protection.
- **Resolution ECSA/HMC/67/R2 (2018):** Priority Setting and Health Benefits Packages from the 67<sup>th</sup> HMC in 2018, Acknowledged that member states, needed to build resilient and responsive health systems for the attainment of universal health coverage; further, recognised that priority setting should lead to health improvements in the region as a matter of principle.
- **Recognising** the efforts by member states in enhancing financial protection by establishing and instituting health insurance schemes as well as efforts towards attaining Universal Health Coverage.
- **Noting** that the member states are not on track to attain the Universal Health Coverage by 2030

**Now therefore,**

**Urges Member States to: -**

1. Increase allocation of national budget on health to support health system strengthening and accelerate the efforts towards the attainment of Universal Health Coverage.
2. Develop a skilled workforce in health economics and financing to drive regional growth in health financing and ensure sustainable healthcare funding mechanisms.
3. Accelerate the implementation of the past resolutions on health financing, that aimed to strengthen health care systems and address the barriers to accessing primary health care.

**Directs Secretariat to: -**

1. Generate evidence on the health financing needs to prepare for and manage health-consequences of climate-related disasters and other sector-wide shocks.
2. Produce regional annual reports on health financing by ECSA-HC member states and actively track the progress towards the attainment of Universal Health Coverage in the region.
3. Support the member states to build skilled workforce in health economics and financing to drive national and regional growth in health financing.

4. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
5. Support Member States in the implementation of the above and the past resolutions.

## **ECSA/HMC73/R3: Emerging and Re-emerging infectious diseases and health emergencies**

### **Preamble**

- **Aware** that the East, Central and Southern Africa region experiences frequent outbreaks of infectious diseases like cholera, measles, and viral haemorrhagic fevers, despite ongoing efforts to enhance preparedness and response through strategies like Integrated Disease Surveillance and Response (IDSR).
- **Noting** the crucial role that early detection and prompt notification of disease outbreaks/health emergencies plays in the effective management of infectious diseases and health emergencies and the significant benefits of integrating Community Health Workers (CHWs) into national disease surveillance systems to enhance early detection and reporting of emerging and re-emerging infectious diseases.
- **Appreciating** the advancements made in digital health technologies and their potential to significantly improve disease surveillance and early warning systems.
- **Aware** the Seventy-seventh World Health Assembly (WHA) in 2024 introduced significant amendments to the International Health Regulations (IHR) 2005 to enhance global preparedness and response to public health emergencies, drawing from lessons learned during the COVID-19 pandemic.
  
- **Recalling**
  - **Resolution ECSA/HMC44/R10 (2007):** Control of Rift Valley Fever that urged the member states to strengthen their disease surveillance system to enhance early detection and control of zoonotic diseases outbreaks of public health importance.
  - **Resolution ECSA/HMC62/R3 (2015):** Surveillance and Control of Emerging Health Conditions: Non-Communicable Diseases and Trauma that urges member states to strengthen disease surveillance and laboratory diagnostic capacities for NCDs to facilitate prevention, early detection and management of these conditions.
  - **Resolution ECSA/HMC65/R2 (2018):** Mitigating the Impact of Emerging and re-emerging Diseases urging the Member States to enhance capacity for disease surveillance and emergency preparedness to effectively manage emergencies, outbreaks and other events of public health concern including community participation.
  - **Resolution ECSA/HMC69/R6 (2020):** Tackling Emerging and Re-emerging Health Threats: A regional One Health Approach to Managing Recurrent Outbreaks that urges the member states to establish and/or strengthen event-based surveillance to enhance early detection of disease outbreaks.

- **Recognizing** that while preventive and response mechanisms are well-established in many countries in the region, the enhancement of detection capabilities remains a critical need.
- **Concerned** that gaps in preparedness and response to emerging and re-emerging public health threats still exist, and further investments are needed to build resilient systems that are epidemic ready.

***Now therefore,***

**Urges the Member States to: -**

1. Accelerate implementation of previous outstanding resolutions such as ECSA/HMC58/R3 (2014), ECSA/HMC62/R3 and ECSA/HMC69/R6 (2020).
2. Enhance early detection mechanisms through integration of Event-Based Surveillance (EBS) Systems into traditional disease surveillance systems (indicator-based surveillance) to create a comprehensive and responsive health surveillance network.
3. Enhance utilization digital platforms and mobile applications that allow for quick and easy reporting of health emergencies by CHWs and the public, to ensure a real-time data flow to health authorities.
4. Invest in resources to support interventions that build resilience for response to health emergencies including infrastructure and supplies.
5. Strengthen cross-border collaborations among countries in the region on emergency preparedness and response to epidemics and other events of public health concern as well as collaborative research.
6. Adopt the amendments to the International Health Regulations (IHR) 2005 to enhance global preparedness and response to public health emergencies.

**Directs the Secretariat to: -**

1. Enhance resource mobilization strategies and foster collaborations with other partners to support the Member States to implement the above resolution.
2. Collaborate with WHO and other partners to support the member states to adopt/adapt the amendments to the International Health Regulations (IHR) 2005 made at the WHA 2024.
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

## ECSA/HMC73/R4: Strengthening Implementation of National Action Plans on Antimicrobial Resistance (AMR)

### Preamble

- **Recognizing** the significant burden AMR places on economic development, global health and food security.
- **Recognizing** the importance of strong political leadership, and governance structures at subnational, national, regional and global levels required to sustain a cohesive, all-inclusive government response across all sectors using a One health Approach.
- **Noting with concern** that there is inadequate financing provided by the member states for the sustainable implementation of interventions within the National Action Plan on AMR.
- **Underscoring** the critical need to establish robust and harmonized AMR surveillance and monitoring systems within countries and across the ECSA-HC region. While reiterating the need for enhanced data governance and sharing mechanisms to accurately track AMR trends and inform evidence-based interventions.
- **Aware** of the commitment made at the 72<sup>nd</sup> World Health Assembly to develop national roadmaps and strengthen health systems to improve WASH services in health facilities.
- **Noting** effective infection prevention and control is fundamental in preventing the emergence and spread of AMR and saving lives. Reiterating the need to strengthen Infection control measures, vaccination, Water Sanitation and Hygiene infrastructure and reduction of effluent and waste discharge at all levels including the community is crucial to combat AMR.
- **Recognizing** that the misuse and overuse of antimicrobials in human health, agriculture, and veterinary sectors are primary drivers of AMR and the critical role of equitable access to effective antimicrobials and diagnostics in human and animal health for optimal diagnosis and treatment.
- **Appreciating** the global and regional commitments, strategies, and guidance from Member States Regarding Antimicrobial Resistance (AMR) and the highest-level commitment shown by Africa's Heads of State and Government to improve the health of Africans, including: -
  - The Global Action Plan on Antimicrobial Resistance (2015)
  - Agenda 2063, the Africa We Want
  - African Common Position on Antimicrobial Resistance Assembly/AU/Decl.3(XXXIII) Declaration (2020)
  - The Africa Health Strategy, 2016-2030
  - African Union Framework for Antimicrobial Resistance Control, 2020-2025
  - Political declaration of the High-Level Meeting of the UN General Assembly on AMR (2016)
  - National Action Plans on AMR for our Member States



- International Health Regulations IHR (2005)
- **Recalling**
  - **Resolution ECSA/HMC65/R2 (2018)** urging Member states to develop and/or strengthen multi- sectoral National Action Plans on AMR in line with the Global Action Plan.
  - **Resolution ECSA/HMC69/R2 (2020)**: Opportunities for achieving Water, Sanitation and Hygiene (WASH) Global Health Targets that urged the member states to review and/or develop WASH country policies and strategies to incorporate the new SDG targets on access, equity and the new focus on safely managed services.
- **Noting** that progress has been made on the past resolutions in developing and implementing National Action Plans on AMR, however gaps remain.
- **Aware** that addressing these gaps requires full and accelerated implementation of past resolutions.

**Now therefore,**

**Urges the Members States to: -**

1. Mobilize and dedicate funding to support the implementation of National action plans on AMR across human, animal, plant and the environmental sectors and ensure engagement of private sector players.
2. Establish and/strengthen integrated, national surveillance systems to monitor antimicrobial resistance (AMR), antimicrobial use (AMU) and antimicrobial consumption (AMC) effectively, ensuring real-time data sharing and collaboration across all sectors.
3. Enhance implementation of infection prevention and control and biosecurity interventions across all sectors, including waste management and urge compliance to set standards for national and facility level infection prevention and control programs.
4. Strengthen enforcement of regulations and the promotion of best practices to ensure the access to quality and effective antimicrobials and diagnostics including enhancing awareness campaign to ensure community involvement in the AMR control strategies (*Lessons from Tanzania “Holela Holela” campaigns*).

**Directs the Secretariat to: -**

1. Harmonize strategies for AMR control to strengthen regional collaboration and evidence generation for action.
2. Enhance resource mobilization strategies and foster collaborations with other partners.
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

## ECSA/HMC73/R5: Reproductive, Maternal, Neonatal, Child and Adolescent Health

### Preamble

- **Aware** of the importance of promoting early childhood development and child health and safety.
- **Cognisant** of the inconsistencies in existing child legislation and suboptimal community involvement in the health wellbeing and safety of the child.
- **Concerned** with the increased incidences of violence against children and the long-term consequences that threaten to undermine investments in children's health and well-being.
- **Mindful** of the growing problem of Violence Against Children (VAC), provision of sub-optimal Nurturing Care and slow implementation of Adolescent and Youth Sexual and Reproductive Health strategies.
- **Appreciative** of the collaborative efforts by ECSA-HC and its partners towards strengthening child protection and childcare initiatives in the region.
- **Understanding** the key role of the Ministries of Health in VAC, prevention and response.
- **Determined** to accelerate implementation of initiatives promoting Early childhood development and addressing Violence Against Children.
- **Inspired** by the upcoming convening of the first Global Ministerial Meeting on Preventing Violence Against Children and the interest of partners to support efforts to sustain the growing momentum towards elimination of Violence Against Children.
- **Recognizing** the critical need for the region to implement programmes to address Adolescent Health.
- **Recalling**
  - **Resolution ECSA/HMC52/R4 (2010)**: Directing Member States to accelerate the implementation of the previous resolutions on Gender Based Violence and Child Sexual Abuse and to support Member States to implement the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse.
  - **Resolution ECSA/HMC/69/R3 (2020)**: Directing Member States to strengthen the implementation of appropriate and comprehensive adolescent health and nutrition programmes with involvement of adolescents and young people; and to promote innovative platforms to increase access to information on adolescent health.
  - **Resolution ECSA/HMC71/R3 (2023)**: Urging member states to advocate for the use of VAC data to inform and drive systems-based actions; integration of VAC Survey indicators into national surveys and data collection efforts; Strengthen capacity of frontline workers to screen and care for victims and survivors of childhood violence.
  - **Resolution ECSA/HMC71/R3 (2023)**: Urging member states to review adolescent health policies to facilitate access to health services.

- **Appreciating** member states' efforts in addressing these challenges by adopting policies and guidance issued by the WHO on ending violence against children, adolescent and youth sexual and reproductive health and early childhood development.
- **Noting** the sub-optimal progress in implementation of the above-mentioned policies and guidelines

***Now therefore,***

**Urges Member States to: -**

1. Accelerate implementation of policies and strengthen surveillance systems for initiatives that address Violence Against Children (VAC) through deliberate allocation of funding and human resources.
2. Promote institutionalization, multisectoral involvement with defined leadership roles and increased financing to support implementation of the Nurturing Care Framework for Early Childhood Development.
3. Review and streamline child protection laws to ensure harmonization of legislation at all levels.
4. Enhance community involvement and partner collaboration on issues of Early Childhood Development and Violence Against Children.
5. Integrate and implement robust knowledge management systems as mechanisms for accelerated implementation of Adolescent and Youth Sexual and Reproductive Health policies.
6. Commit to regional and global Adolescent and Youth Sexual and Reproductive Health related commitments and integrate their components into national emergency preparedness and response plans to maintain service continuity.
7. Contribute to the preparations towards the ministerial conference on VAC in Bogotá, Colombia in November 2024.

**Directs the Secretariat to: -**

1. Document and disseminate the findings from the Global and Regional Landscape Analysis efforts, providing opportunities within for dialogue and exchange on best practices.
2. Provide support to Member States to prepare for the Global Ministerial Conference on VAC in Bogota, Colombia in November 2024.
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

## ECSA/HMC73/R6: Nutrition for promoting health and development

### Preamble

- **Acknowledging** that malnutrition, in all its forms, including undernutrition, micronutrient deficiencies, overweight and obesity, not only affects people's health and wellbeing by impacting negatively on human physical and cognitive development, compromising the immune system, increasing susceptibility to communicable and noncommunicable diseases, restricting the attainment of human potential and reducing productivity, but also poses a high burden in the form of negative social and economic consequences to individuals, families, communities and States.
- **Mindful** that humanitarian crises throughout the world continue to multiply due to the impacts of conflict and climate change. Given this reality, it has become necessary for humanitarian and development actors to work with governments to support approaches that reduce humanitarian need by supporting longer term systems strengthening.
- **Recognizing** that nutrition issues go beyond the health sector hence the need for engagement of multisector stakeholders.
- **Reiterating** the need for adoption of evidence informed strategies and action for young children and adolescents to reduce various forms of malnutrition such as anemia, stunting, overweight and obesity.
- **Appreciating** the political leadership and collaboration in the fight against malnutrition with governments and private sector donors pledged more than US\$27billion at the Tokyo Nutrition for Growth (N4G) Summit in 2021 to address the global malnutrition and hunger crisis.
- **Recalling**
  - **Resolutions CRHC/RHM30/R2 (1999)**: Urging member states to develop / review their nutrition policies and relevant legislation and to strengthen and harmonize their nutrition programmes and allocate adequate resources to nutrition programmes for the at-risk groups and at the same time to strengthen the capacity of nutrition service providers.
  - **Resolution ECSA/HMC46/R10 (2008)**: 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.
  - **Resolution ECSA/HMC48/R9 2009**: Improving Maternal, Newborn and Child Health and Nutrition: Urged member states and directed the secretariat to implement previous ministerial resolutions on nutrition and MNCH.
  - **Resolution ECSA/HMC50/R7 (2010)**: Maternal and Child Nutrition: Urging member states to raise the profile of nutrition and allocate adequate financial resources for implementation of programmes and directing the secretariat to develop and disseminate a regional strategy on food and nutrition security in line with the African Regional Nutrition Strategy.
  - **Resolution ECSA/HMC52/R6 (2010)**: Prioritizing Nutrition Interventions: Urging member states to implement previous resolutions and directing the

secretariat to support Member States to implement those previous resolutions.

- **Resolution ECSA/HMC56/R2 (2012):** Innovations for improving Quality of Care in Reproductive Health (RH), Maternal, New born and Child Health (MNCH), and Nutritional Interventions: Urging member states to accelerate implementation of previous Resolutions on RH/MNCH and Nutritional Interventions, especially the scale up of nutrition interventions and directing the secretariat to support Member States in the implementation of previous resolutions on MNCH and nutritional interventions, and report on progress in this regard at the next DJCC
- **Reaffirming** the Members States' commitment to accelerate progress towards International Conference on Nutrition (ICN2) framework of Action, UN Nutrition commitments, Nutrition for Growth.
- **Noting** that progress has been made in the Member States on developing and implementing nutrition programs and plans of action.
- **Despite** these efforts about 86 million children below five faces various forms of malnutrition in Africa. Further there has been modest and uneven progress in reducing malnutrition with limited attention and low budget allocation.

***Now therefore,***

**Urges Member States to: -**

1. Accelerate implementation of previous HMC Resolutions on Nutrition.
2. Domesticated, operationalize and track the Nutrition for Growth commitment for Africa to align and harmonize actions across sectors and stakeholders.
3. Strengthen multi-sectoral collaboration including the engagement of CSO to support on advocacy and investment for nutrition.
4. Adopt innovative ways to embrace flexible programming in addressing nutrition and food crises including humanitarian situations such as triple nexus model Humanitarian, Development and Peace.

**Directs the Secretariat to: -**

1. Facilitate the development of regional nutrition accountability scorecard that focuses on key selected indicators following a continuum of care.
2. Support Member States to implementation of the Nutrition for Growth initiatives
3. Facilitate South-South knowledge exchange, evidence generation and collaboration among the member states on the lessons for nutrition outcomes such as triple nexus model.
4. Support the integration of targeted adolescent nutrition initiatives into the existing SRH services that are gender inclusive at all levels.
5. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.

6. Support Member States in the implementation of the above and the past resolutions.

## **ECSA/HMC73/R7: Non-Communicable diseases, injuries, mental health and Substance abuse**

### **Preamble**

- **Acknowledging** that Non-Communicable Diseases, such as diabetes, hypertension, cancer and chronic respiratory diseases as well as injuries are among the leading causes of morbidity and mortality in the region and globally.
- **Concerned** with the increasing rate of substance abuse, leading to high rates of mental health disorders and subsequently causing deaths (for example, harmful use of alcohol results in 3.3 million deaths each year globally, and ECSA region is not spared).
- **Noting** the efforts made by member states in addressing Non-Communicable Diseases, injuries, mental health disorders and substance abuse.
- **Recalling**
  - **Resolution ECSA/HMC65/R3 (2018)** on Multi-sectoral Responses to Non-Communicable Diseases urging member states to develop and accelerate implementation of multi-sectoral NCDs action plans and strategies and strengthen regulatory frameworks for proper delivery of services in relation to NCDs.
  - **Resolution ECSA/HM69/R5 (2020)** urging member states to develop and strengthen mental health policies and programmes to guide service delivery training and research; promote multi-sectoral approaches in combating substance use by engaging other sectors including education, agriculture, youth, trade and border control agencies.
- **Cognizant** that member states are at varying stages in addressing Non-Communicable Diseases, Mental Health, Injuries and substance abuse in the region;
- **Whereas** progress has been made in the Member States towards developing and implementing programmes and plans of action for prevention, control and management of Non-Communicable Diseases, injuries, substance abuse and Mental Health, more to be done.

**Now therefore,**

**Urges the Member States to: -**

1. Foster coordinated response at multisectoral level for the prevention, control and management of NCDs and include NCD Action as a key performance indicator in each Government Sector Performance Plan.
2. Prioritize mental health and adopt a holistic approach in addressing risk factors and drivers of mental health.

## Directs the Secretariat to: -

1. Document NCDs and mental health policies, guidelines, protocols and facilitate knowledge management and sharing.
2. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
3. Support Member States to track implementation of the past NCDs, injuries, mental health and substance abuse resolutions.

## ECSA/HMC73/R8: Mitigating the effects of climate change on health

### Preamble

Climate change refers to long-term shifts in weather patterns and temperatures, primarily driven by human activities such as the burning of fossil fuels, deforestation, waste disposal, mining activities, intensive farming activities (crop protection products & fertilizers; cattle and sheep farming releasing large amounts of methane in their digestion), industrial processes among others.

### Preamble

- **Noting** that climate change is not just an environmental issue but also a significant threat to public health and that its impacts on health are complex and multifaceted, ranging from direct effects such as heat-related illnesses to indirect consequences like changes in disease patterns and food security.
- **Cognizant** of the far-reaching consequences for ecosystems, economies and human health as a result directly affects health through various pathways, including extreme weather events, heatwaves, air pollution, and changes in infectious disease patterns.
- **Concerned** that in the East, Central, and Southern Africa (ECSA) region, the impacts of climate change are already evident and are exacerbating existing health challenges with countries in this region facing frequent droughts, floods, cyclones, heatwaves among others which contribute to food and water insecurity, increased vector-borne diseases, and heightened malnutrition rates.
- **Mindful** that there is inadequate data documenting the effects and impacts of climate change in African countries, leading to low levels of awareness and significant responses to build resilient systems to mitigate.
- **Acknowledging** the Global and regional resolutions and commitments in climatic change and health including among others: -
  - **World Health Assembly Resolutions: Resolution WHA61.19**, adopted in 2008, urged Member States to take action to protect health from climate change, including strengthening surveillance and response systems, integrating climate change adaptation into health policies, and promoting research on climate-related health impacts.
  - **The 2008 Libreville Declaration on Health and Environment in Africa:** to

establishing health and environment strategic alliance as a basis of joint action; developing or updating national, subnational and regional frameworks to effectively address the issue of environmental impacts on health through integration of policies, strategies, regulations and national development plans.

- **The Paris Agreement:** Adopted in 2015 under the United Nations Framework Convention on Climate Change (UNFCCC) aimed to limit global warming as well as to strengthen resilience and reduce vulnerability to the adverse impacts of climate change, including those related to health.
- **United Nations Sustainable Development Goals (SDGs):** The SDGs, adopted in 2015, include several targets related to climate change and health. SDG 3 focuses on ensuring healthy lives and promoting well-being for all ages, while SDG 13 calls for urgent action to combat climate change and its impacts.
- **The African Union's Agenda 2063:** One of the key priority emphasizes on climate resilience and sustainable development to improve health outcomes on the continent.
- **Recognizing** that mitigating the effects of climate on health requires concerted efforts, regional collaboration and comprehensive policy action.
- **Aware** that there have not been specific resolutions passed in the past by the ECSA-HC Health Ministers Conference and that it is important to domesticate actions that contribute to the problem.

***Now therefore,***

**Urges the Member States to: -**

1. Invest in research to better understand the links between climate change and health outcomes and generate evidence to inform regional actions as well as support local technology and strengthen integration of existing knowledge and technology focused on innovative, relevant and climate responsive approaches.
2. Enhance Surveillance and Early Warning Systems by investing in surveillance systems to detect and monitor climate-sensitive diseases to provide timely information for preparedness and response.
3. Establish mechanisms for coordination between human and animal, environment, agriculture, and other relevant sectors to create integrated climate and health policies.
4. Employ a whole of government in engaging local communities in the development and implementation of climate adaptation strategies, ensuring that their knowledge and needs are integrated into policy decisions.
5. Build a healthy circular economy in food, waste and urban ecosystems by designing and planning innovative and incentive-based programs that reclaim urban spaces for urban agriculture.
6. Establish a 3R (reduce, recycle and reuse) waste management systems through community, private and state actor partnerships to improve access to quality health.
7. Harmonize local and national laws, policies and regulations by integrating and



institutionalizing relevant evidence, including health impact assessments to strengthen public health systems.

**Directs the Secretariat to: -**

1. Support the member states to develop metrics and implement health impact assessment to monitor the effectiveness of climate and health interventions and regularly report on progress.
2. Establish regional training and capacity building programs for addressing effects of climate change on health
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

**ECSA/HMC73/R9: Technology and Innovations in health**

**Preamble**

- **Cognizant** that innovation and technology play a pivotal role in every aspect of the healthcare system—encompassing the generation of Electronic Medical Records (EMRs), digital education and learning, diagnostics, digital imaging, case management, patient referral throughout the continuum of care, adjudication of payer claims, and pre-certification services and the need for continuous capacity building in relation to emerging technologies.
- **Recognizing other commitments related to the resolution including** the following World Health Assembly resolutions: -
  - **Resolution 2007 (WHA60.29)** on health technology, which urged WHO Member States to expand expertise in the field of health technologies, particularly medical devices, and requested WHO to take specific actions to support Member States.
  - **Resolution 2014 (WHA67.23)** on health intervention and technology assessment in support of universal health coverage, which urges member states to consider establishing national systems for health intervention and technology assessment and encourages the systematic utilization of independent health intervention and technology assessment to inform policy decisions.
- **Recalling**
  - **Resolution ECSA/HMC/54/R6 (2011):** On Innovative uses of Health information technologies and system urging Member States to adapt and validate e-health technologies
- **Recognizing that** if these innovations and technologies are implemented effectively, they offer substantial potential for providing more accurate diagnosis, surveillance, monitoring of treatment and care, among other benefits and improved treatments.
- **Appreciating** the technological innovations that are used in the Member States including mobile health (mHealth) applications for disease surveillance and patient

management, electronic registers such as the Cross Border Referral System (CBRS), and digital health records (DHIS2), Next Generation Sequencing, self-care and Point-of-care diagnostics, among others.

- **Acknowledging that** ECSA Member States remain underserved, facing inadequate infrastructure for digital health, coupled with limited financing to develop and manage innovative technologies.
- **Underscoring** the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health, and equity, including gender equality, and addressing the lack of evidence on the impact of digital health in these respects.

**Now therefore,**

**Urges Member States to:**

1. Adapt and leverage technologies to improve access to health care services particularly to the vulnerable and hard to reach communities including primary health care facilities.
2. Mobilize resources enhancing digital infrastructure to support the deployment and scaling of health technologies across the region.
3. Adopt Artificial Intelligence (AI) and Machine learning to enhance diagnostic services, treatment protocols and disease prediction, surveillance and prevention technologies.
4. Enhance data sharing frameworks between member states to ensure the effective exchange of health data, thereby promoting disease surveillance, improved treatment continuity and public health outcomes.

**Directs the Secretariat to: -**

1. Establish a regional platform to support coordination and sharing of best and promising practices among Member States.
2. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
3. Support Member States in the implementation of the above and the past resolutions.

## **ECSA/HMC73/R10: Sustaining the interventions for TB in the Mining Sector**

**Preamble**

- **Aware** that the East Central and Southern Africa region is considered a high burden area for Tuberculosis (TB) infections with an elevated high burden in 9 of the Southern Africa countries falling among the 30 high burden countries in the World and the incidence of TB being 3-8 times among mineworkers and ex-mineworkers higher than

the general population. In addition, some member States are among the high drug resistance TB burdened countries.

- **Mindful of the** low domestic funding for TB by member states to implement critical high impact interventions especially TB in the mining sector.
- **Noting** the implementation of the 2012 Southern Africa Development Community (SADC) Declaration on TB in the Mines and the SADC Code of Conduct that guides Member States on implementation of the declaration.
- **Recognizing** that notable progress has been made towards eliminating TB in the mines, there remains gaps in addressing access to diagnostic services for TB and other occupational lung diseases as well as human rights and gender related barriers impacting access.
- **Realizing** the suboptimal integration of occupational health services into the public health care systems across the SADC region.
- **Aware** of the goodwill and commitment from member states in the region to tackle challenges posed by TB in mining.
- **Cognizant** of the fact that artisanal and small-scale mining activities are expanding in the SADC region thereby potentiating expansion of the burden of both TB and other occupational lung diseases.
- **Noting** that improved health status for the underserved populations and achieving health related SDGs requires co-operation across the region through a common regional approach.
- **Further Noting** the catalytic investment that supported the establishment of one-stop occupational health centres and brought services closer to the targeted population.
- **Concerned** that the above-mentioned occupational health service centres are no longer operational in most member states.

***Now therefore,***

**Urges the Member States to: -**

1. Support TB Cross-border collaborative initiatives by fast-tracking the implementation and use of the cross-border referral system for TB patients to the entire ECSA region and beyond.
2. Increase funding for the TB control including Drug resistant TB (DR-TB) response to sustain TIMS interventions through domestication of the Regional Operational Plans on TB in the mines and Mine Health and Safety Standard Operating Procedures.
3. Revamp, expand and sustain Occupational Health Service Centres across all member states to provide the much-needed TB and occupational health services.
4. Employ a human rights-based approach in the TB response by implementing the developed action plans and investing in community led monitoring to address TB and Occupational Health services.
5. Encourage the Global Fund, other international donor organisations and private sector to earmark funding to support a regional approach and collaboration in ending TB in the

mining sector to prevent regression in milestones achieved and accelerate the response towards eliminating TB.

6. Scale up measures for detection of TB in children including among others use of stool samples.
7. Strengthen the capacities for leprosy management including screening and diagnosis to facilitate early detection, treatment and care.

**Directs the Secretariat to: -**

1. Disseminate and share best practices within the region on ending TB in the mines
2. Support the member states to revitalize
3. Establish a regional Community of Practice for community led monitoring experts and other stakeholders to catalyse the wholistic TB response through community engagement.
4. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75<sup>th</sup> Health Ministers Conference.
5. Support Member States in the implementation of the above and the past resolutions.

**ECSA/HMC73/R11: Expression of Gratitude to Partners of the ECSA Health Community**

**Preamble**

- **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.
3. **Recommits** to the strengthening of the coordination of partners at regional and country level in the spirit of innovation and mutual accountability to achieve better health outcomes of the people in the region.

## **ECSA/HMC73/R12: Expression of Gratitude to the Government and People of the United Republic of Tanzania**

### **Preamble**

- **Humbled** by the readiness of the Government of the United Republic of Tanzania, through the Ministry of Health to host the 73<sup>rd</sup> Health Ministers Conference.
- **Recognizing the** excellent planning and preparation of this 73<sup>rd</sup> Health Ministers Conference.
- **Appreciative** of the warm hospitality and generosity extended by the Government and the people of the United Republic of Tanzania to Delegations of ECSA-HC, their partners, members of the secretariat and all participants of the 73<sup>rd</sup> Health Ministers Conference.

### ***Now therefore,***

1. Expresses profound gratitude to the Government and the people of the United Republic of Tanzania for hosting the 73<sup>rd</sup> Health Ministers Conference.
2. Reaffirms commitment with renewed vigour and a focus on innovation and accountability through multi-sectoral collaboration to achieve better health outcomes for the people in the region.