



**EAST, CENTRAL AND SOUTHERN
AFRICA HEALTH COMMUNITY
(ECSA-HC)**



STRATEGIC PLAN

2024-2034



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The ECSA-HC strategic plan was developed through the contribution of the Member States (Eswatini, Kenya, Lesotho, Malawi, Mauritius, the United Republic of Tanzania, Uganda, Zambia, and Zimbabwe). The process was led by the ECSA-HC Secretariat, with the engagement of external stakeholders including funding and implementing partners, regional organizations and civil society organization. The development of the ECSA-HC Strategic Plan 2024-2034 has been a collaborative and participatory effort, reflecting the dedication, expertise, and commitment of numerous individuals and organizations. We extend our sincere gratitude to all those who contributed to this important work.

We are most grateful to the Health Ministers Conference, whose endorsement and support is crucial in aligning our strategic objectives with national and regional health priorities. Your commitment to advancing public health in the region is truly commendable.

Our gratitude goes to the Advisory Committee, whose diligent review and constructive feedback have significantly enhanced the quality and relevance of this strategic plan. Your expertise and critical insights were vital in ensuring a comprehensive and practical approach.

We thank the Directors Joint Consultative Committee Members for their insightful guidance and strategic direction. Your leadership and expertise have been instrumental in shaping this plan. We wish to acknowledge the invaluable contributions of the College of Health Sciences and its Constituent Colleges. Special mention to the Secretaries General and the Presidents of the East Central and Southern Africa College of Paediatrics and Child Health (ECSAPACH), College of Oncologist of East, Central and Southern Africa (COECSA), ECSA College of Physicians (ECSACOP), College of Surgeons of East, Central and Southern Africa (COSECSA), College of Pathologists of East, Central and Southern Africa (COPECSA), East, Central and Southern Africa College of Nursing and Midwifery (ECSACONM) that made significant contributions to the document. Your academic and research expertise and experience provided a solid foundation for evidence-based strategies and innovative solutions.

Special thanks to our partners and stakeholders, including international organizations, donor agencies, and non-governmental organizations. Your collaboration and support have been pivotal in the development of this plan. We appreciate the resources, technical assistance, and innovative ideas you have generously shared. ECSA-HC should like to thank the consultants Lisa-Rufaro Marowa and Felix Kumirai who supported the development of this Strategic Plan.

Finally, we recognize the efforts of all other contributors, including health professionals, community leaders, and volunteers, who participated in consultations, provided feedback, and supported the planning process. Your dedication to improving health outcomes in our region inspires us and reinforces our collective mission. Together, we have created a bold strategic plan that reflects our shared vision and commitment to advancing health in East, Central, and Southern Africa. We look forward to continued collaboration and successful implementation of this plan to achieve our common goals.

A handwritten signature in black ink, which appears to read "Yoswa Dambisya". The signature is written in a cursive style and is positioned above a horizontal line.

Professor Yoswa Mbulalina Dambisya

Director General

East, Central, and Southern Africa Health Community (ECSA-HC)

PREFACE

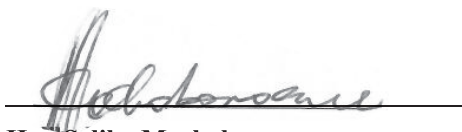


In the East, Central, and Southern Africa (ECSA) region, the pursuit of health and well-being stands as a cornerstone of development and prosperity. Yet, amidst the myriads of health challenges confronting our communities, the need for a unified and comprehensive approach has never been more pressing. It is within this context that the ECSA Health Community (ECSA-HC) proudly presents its 2024-2034 Strategic Plan, a roadmap meticulously crafted to address the diverse health challenges gripping our region and to fortify the six building blocks of a resilient health system.

At its heart, this strategic plan embodies the collective aspirations of ECSA-HC member states to usher in an era of equitable access to quality healthcare for all. Drawing upon the wealth of expertise, experience, and innovation within our region, this document outlines a multifaceted approach aimed at not only mitigating existing health disparities but also fostering sustainable solutions for the future. Aligned with the World Health Organization's framework of the six building blocks of a health system, this strategic plan offers a comprehensive blueprint for action. From strengthening health governance and leadership to enhancing health information systems, each building block is meticulously addressed, underscoring our commitment to building resilient health systems capable of withstanding the challenges ahead.

As we embark on the implementation of this strategic plan, it is imperative to recognize that our collective success hinges upon collaboration, innovation, and inclusivity. By fostering partnerships across sectors, harnessing the power of technology, and placing communities at the center of our efforts, ECSA-HC remains steadfast in its resolve to transform health outcomes and improve the lives of millions across the region.

I extend my deepest gratitude to all stakeholders whose unwavering dedication and tireless efforts have brought this strategic plan to fruition. May this document serve as a beacon of hope and inspiration as we strive to build a healthier and more resilient future for generations to come.



Hon Selibe Mochoboroane

Minister for Health, Kingdom of Lesotho

Chairperson of the ECSA-HC Health Ministers Conference

FOREWORD



Dr. Samson Mndolo
Chairperson of the ECSA-HC
Advisory Committee

As we celebrate the milestone of our 50-year anniversary, it is with great pride and anticipation that I introduce the East, Central, and Southern Africa Health Community (ECSA-HC) Ten-Year Strategic Plan (2024-2034). This momentous occasion not only marks a significant milestone in our organization's history but also serves as a poignant reminder of our enduring commitment to supporting our Member States and advancing the health agenda in our region.

Over the past five decades, ECSA-HC has evolved into a cornerstone institution, playing a pivotal role in shaping health policies, driving innovations, and fostering collaborations to address the region's most pressing health challenges. As we look to the future, we are presented with a unique opportunity to build upon our rich legacy and redefine our value proposition to meet the evolving needs of our Member States and the communities we serve.

Central to our strategic plan is our unwavering commitment to supporting our Member States in achieving the highest standard of physical, mental, and social well-being for all. Guided by our vision to be the leader in health in East, Central, and Southern Africa, we are committed to catalyzing transformative change and fostering inclusive growth across the region.

Our strategic plan outlines a comprehensive framework to achieve this vision by prioritizing key areas such as strengthening healthcare systems, advancing health equity, promoting innovation, and enhancing regional collaboration. By aligning our efforts with the Sustainable Development Goals and other global health agendas, we aim to maximize our impact and drive sustainable progress towards universal health coverage and health equity.

As we embark on this journey, we recognize that our success hinges on the collective efforts and shared aspirations of our Member States, partners, and stakeholders. Together, we will harness the power of collaboration, innovation, and evidence-based interventions to overcome the complex health challenges facing our region.

I extend my sincere gratitude to all our Member States, partners, and dedicated staff for their unwavering support and commitment to ECSA-HC's mission. Together, let us reaffirm our collective resolve to be the beacon of hope and progress in East, Central, and Southern Africa, and usher in a future where every individual has the opportunity to lead a healthy and fulfilling life.

Sincerely,



Dr. Samson Mndolo,

Secretary to Health, Ministry of Health, Malawi

Chairperson of the ECSA-HC Advisory Committee

LIST OF ACRONYMS

AU	: African Union
BPF	: Best Practices Forum
CHS	: College of Health Sciences
COECSA	: College of Ophthalmologists of East Central and Southern Africa
COPECSA	: College of Pathologists of East Central and Southern Africa
COSECSA	: College of Surgeons of East Central and Southern Africa
CPD	: Continuing Professional Development
EAC	: East African Community
ECSACONM	: East Central and Southern Africa College of Nursing and Midwifery
ECSACOP	: ECSA College of Physicians
ECSCA-HC	: East Central and Southern Africa Health Community
ERP	: Enterprise Resource Planning
HMC	: Health Ministers Conference
ICT	: Information and Communications Technology
IRB	: Institutional Review Board
KCMC	: Kilimanjaro Christian Medical Center
NCDs	: Non-Communicable Diseases
PPP	: Public-Private Partnerships
RMNCAH	: Reproductive Maternal Newborn Child and Adolescent Health
SADC	: Southern African Development Community
SWOC	: Strengths, Weaknesses, Opportunities, and Challenges
TB	: Tuberculosis
UHC	: Universal Health Coverage
UNAIDS	: Joint United Nations Programme on HIV/AIDS
UNGA	: United Nations General Assembly
USAID	: United States Agency for International Development
WAHO	: West African Health Organization
WHA	: World Health Assembly
WHO	: World Health Organization

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1. EXECUTIVE SUMMARY

The East, Central, and Southern Africa Health Community (ECSCA -HC) is proud to present its Strategic Plan (2024-2034), designed to propel the organization into a new era of enhanced visibility, relevance, and sustainability. Rooted in the principles of innovation, collaboration, and adaptability, this strategic plan represents a bold step forward in our journey towards advancing health outcomes and well-being in the region. This section is a summary of the strategies being proposed in the plan to address the region's most pressing health challenges. The key focus areas for this plan are:



Enhanced Visibility and Relevance: ECSCA-HC recognizes the importance of enhancing its visibility and relevance to effectively advocate for regional health priorities and attract support from stakeholders. Through strategic communication initiatives, advocacy campaigns, and targeted engagement with key influencers, ECSCA-HC aims to elevate its profile and position itself as a trusted leader in health in the region and beyond.



Improved Financial Sustainability: Financial sustainability is paramount to the long-term success and impact of ECSCA-HC's initiatives. To this end, the strategic plan outlines comprehensive strategies to diversify revenue streams, enhance resource mobilization efforts, and optimize financial management practices. By strengthening partnerships, exploring innovative financing mechanisms, and promoting cost-effective approaches, ECSCA-HC seeks to ensure the continuity and sustainability of its programs and operations.



Strengthened Value Proposition to Member States: Central to ECSCA-HC's mission is its commitment to supporting Member States in achieving their health goals. The strategic plan emphasizes the importance of strengthening the organization's value proposition to Member States by aligning programs and initiatives with the priorities, needs, and challenges current and prospective members. Through tailored capacity-building initiatives, technical assistance, and

knowledge-sharing platforms, ECSA-HC aims to enhance its relevance and impact at the national and regional levels.



Efficiency Through Use of Technology: In an increasingly digital world, ECSA-HC recognizes the transformative potential of technology in driving efficiency and innovation in healthcare delivery. The strategic plan prioritizes investments in digital infrastructure, data analytics, and telemedicine solutions to streamline processes, improve access to healthcare services, and enhance decision-making capabilities. By harnessing the power of technology, ECSA-HC aims to maximize its operational efficiency and effectiveness in achieving its goals.



Collaboration and Partnership: ECSA-HC recognizes that no single organization or entity can address the complex health issues facing East, Central, and Southern Africa alone. As such, the strategic plan prioritizes collaboration and partnership as key drivers of success. By forging strong partnerships with governments, regional and international organizations, civil society, academia, and the private sector, ECSA-HC seeks to leverage collective expertise, resources, and networks to maximize impact and achieve shared health goals.

ECSCA-HC's Strategic Plan represents a transformative roadmap for advancing health outcomes and well-being in East, Central, and Southern Africa. By prioritizing these five areas ECSA-HC is poised to make significant strides towards achieving its vision of becoming the leader in health in the region.

1.1 Purpose of the Strategic plan

This strategy defines the East, Central and Southern Africa Health Community (ECSCA-HC) vision, mission and framework for supporting Member States to accelerate the development, implementation and monitoring of their National Health Sector Strategic Plans from 2024 to 2034.

2. BACKGROUND

2.1 East, Central and Southern Africa Regional Health Priorities

ECSA-HC Member States are situated in a geographical area covering about 3.0 million square kilometers with a population of about 250 million people and about 56 million are adolescents (10-19 years of age) . It is comprised of countries of varying geographical (455 to 946,000 sq. km) and population sizes (87,000 to 47.8 m). While health indicators in the region remain poor, Member States have worked to improve their health systems to respond better to diseases – both communicable and non-communicable.

Declines in the numbers of new HIV infections are greatest in sub-Saharan Africa, with a 57% reduction in Eastern and Southern Africa. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has established the 95-95-95 targets, whereby 95% of people living with HIV should be diagnosed, 95% of those diagnosed with HIV should be receiving antiretroviral therapy, and 95% of all those receiving ART should achieve viral suppression (VLS). There has been progress in HIV treatment, care and support. Six countries (Botswana, Eswatini, Namibia, Rwanda, Tanzania and Zimbabwe) achieved the 95-95-95 targets in 2022, while Kenya, Lesotho, Malawi, Seychelles and Zambia are within reach of these targets.

The Healthier Populations (UHP) Cluster in the African Region, of which ECSA-HC Member States also hold membership, is working towards making 1 billion people healthier by reducing health inequities, preventing diseases and injuries, addressing health determinants, and promoting partnerships for collaborative actions amongst all stakeholders. All countries in the ECSA region have committed to the attainment of the Sustainable Development Goals – including SDG 3 which focuses on health. ECSA-HC has aligned this strategy to help Member States meet these goals.

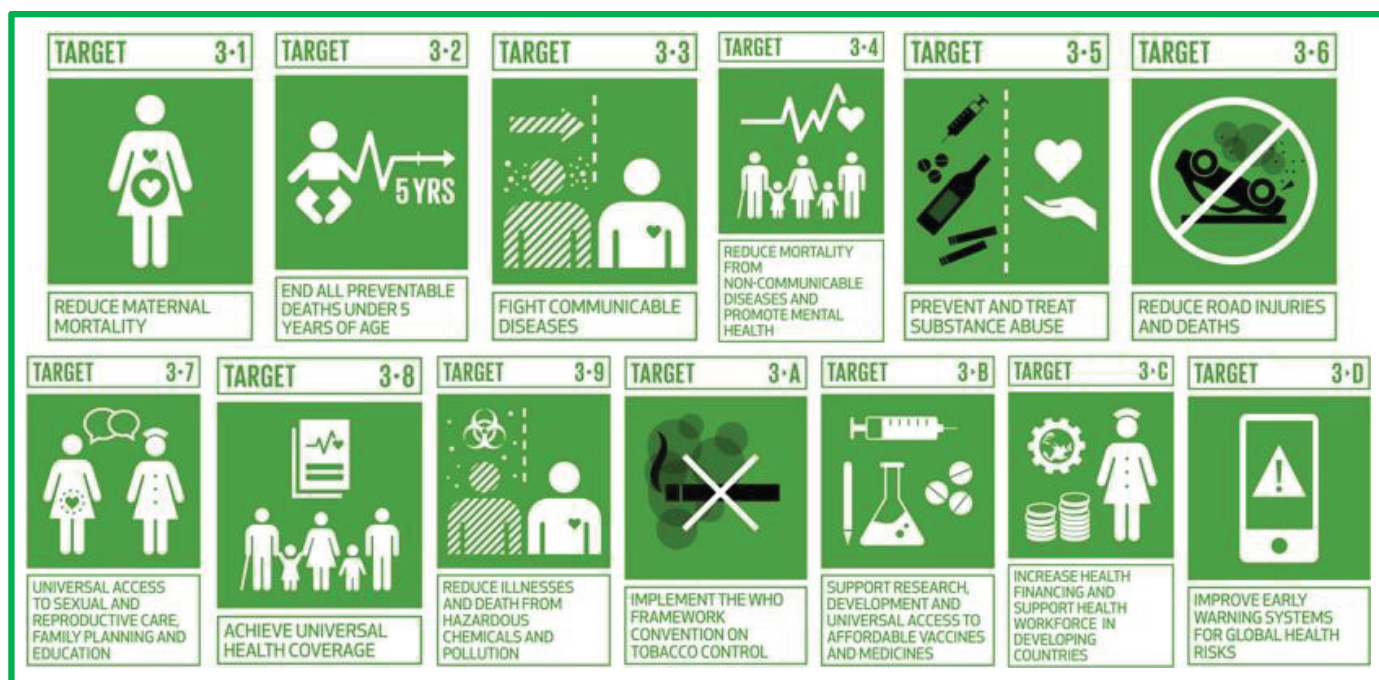


Fig 1. The 2030 Goals for Sustainable Development, source: <https://www.undp.org/sustainable-development-goals>

Regional organizations have set up health desks to respond to the lag in reaching the SDGs. Across the region, key Maternal and Sexual Reproductive Health indicators are off track for Africa: Maternal Mortality ratio for Africa is 542/100, 000 live births (Global average 211/100, 000, and SDG target 70/100, 000), universal access to sexual and reproductive health-care services for sub-Saharan Africa is 28%, north Africa is 35% (Global average 44%) and Universal Health Coverage index for Africa is 46% (Global average 66%). The spotlight is on major communicable diseases such as malaria, HIV and TB, and neglected tropical diseases; the most important non-communicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases; and the immunization status of various antigens and outbreaks of vaccine-preventable diseases, if any. In this strategic plan, ECSA-HC will actively explore partnering with other regional bodies for synergies and to avoid duplication of mandates.

2.2 Member States Strategic Priorities for Health

A review of member state National Health Sector Strategic Plans was undertaken as part of the Strategic Planning process. This was key to ensure that ECSA-HC strategic priorities in the upcoming strategic plan for support to Member States would be aligned to their areas of interest. All Member States are actively working towards the attainment of Universal Health Coverage across all disease areas. The Member States priority focus were in the following areas:

- ❖ **Health Workforce** (health labor market analysis, HRH strategies, staffing needs, pre-service training, in-service training)
- ❖ **Health Infrastructure** (physical infrastructure, equipment, ICT)
- ❖ **Health Information Systems** (disease surveillance systems; health information systems, Monitoring and Evaluation)
- ❖ **Health Governance** (policies, strategies for programmes)
- ❖ **Health Products, Vaccines and Supplies** (Essential Medicines Lists, Antimicrobial Resistance, pharmacovigilance)
- ❖ **Service Delivery Systems** (quality assurance, Infection Prevention and Control)
- ❖ **Health Financing Systems** (including national health accounts)

In the ECSA-HC Ten-Year Strategic Plan (2024-2034), the organization will ensure that each of these components is addressed in the strategic objectives.

2.3 ECSA-HC Support to Member States

Since its inception in 1974, ECSA-HC has supported its members in the following areas:

- ❖ **Regional Collaboration:** ECSA-HC has successfully fostered collaboration among Member States in East, Central, and Southern Africa. This collaboration includes joint initiatives, information sharing, and coordinated efforts to address common health challenges.
- ❖ **Health System Strengthening:** ECSA-HC has contributed to strengthening health systems in the region. This includes efforts to improve infrastructure, healthcare workforce capacity, and overall health service delivery in Member States.
- ❖ **Human Resources for Health Capacity Building:** ECSA-HC, through its flagship colleges has ensured the localized training of health specialists in the ECSA region. This has resulted in improved access to quality specialist services outside capitals and major urban towns among others in the Member States. Through platforms like the Best Practices Forum, the organization has played a vital role in enhancing the capacity of healthcare professionals through training programs, workshops, and knowledge exchange initiatives. This capacity building has been essential for addressing specific health challenges in the region.
- ❖ **Research and Data Sharing:** ECSA-HC has facilitated collaborative research initiatives and the sharing of health-related data among Member States. This has contributed to evidence-based decision-making and the development of targeted interventions to address regional health priorities.

- ❖ **Emergency Preparedness and Response:** The organization has been involved in developing and implementing emergency preparedness and response strategies. This includes addressing infectious disease outbreaks and other health emergencies through coordinated cross-border efforts.
- ❖ **Advocacy for Health Policies:** ECSA-HC has actively advocated for policies that support regional health goals. This involves engaging with policymakers and stakeholders to influence health-related legislation, resource allocation, and policy frameworks.
- ❖ **Partnership Development:** The organization has successfully established and strengthened partnerships with international organizations, donors, and development agencies. These partnerships have helped leverage additional resources and expertise to support ECSA-HC's initiatives.
- ❖ **Health Information Systems:** ECSA-HC has worked towards improving health information systems in Member States, enabling better data collection, analysis, and reporting. This enhances the monitoring of health trends and supports evidence-based decision-making.

ECSA-HC is positioned to be a steadfast ally and advocate in the collective endeavor of its Member States towards the realization of universal health coverage (UHC). Through tailored capacity-building initiatives, technical assistance, and knowledge-sharing platforms, ECSA-HC will work to empower its Member States with the necessary tools, resources, and expertise to progress towards UHC. The global outlook for UHC service coverage index for Africa is illustrated on the right, indicating the huge task ahead of ECSA-HC and the region.

The Universal Health Coverage (UHC) Service Coverage Index, 2021

The Universal Health Coverage (UHC) Service Coverage Index is measured on a scale from 0 (worst) to 100 (best) based on the average coverage of essential services including reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access.

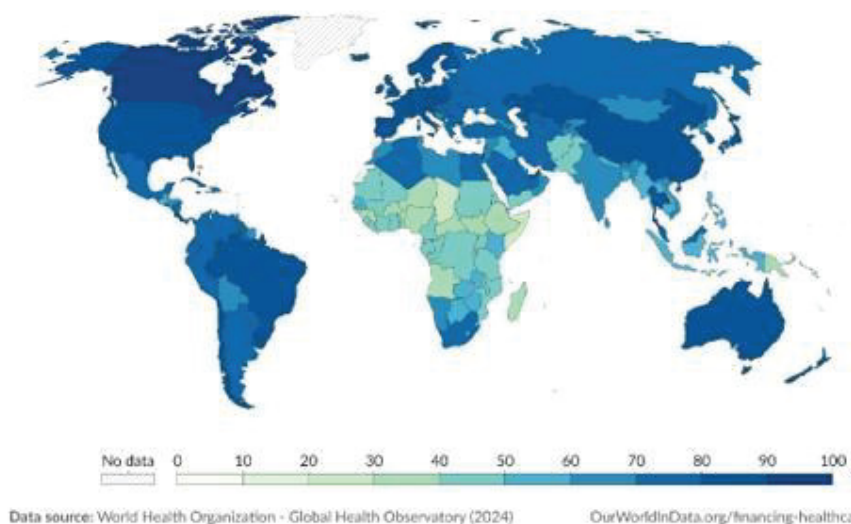


Fig 2: UHC Service Coverage Index, 2021. Source WHO Global Health Observatory

3. ECSA-HC INTERNAL ANALYSIS

3.1. Strengths, Weaknesses, Opportunities and Challenges Analysis (SWOC)

In order to identify issues requiring strategic intervention or redress, a SWOC Analysis was undertaken to evaluate ECSA-HC's internal strengths and weaknesses, as well as the opportunities and challenges emanating from the external environment. Participants developed various strategies to consolidate ECSA-HC's internal strengths, exploit external opportunities, address and turn around internal weaknesses and develop defensive mechanisms to protect it from external challenges

3.1.1 Strengths

- ❖ **Established Regional Presence:** -ECSA-HC- has a well-established presence in the region, fostering collaboration and partnerships with Member States.
- ❖ **Expertise in Disease Surveillance:** ECSA-HC has developed strong capabilities in disease surveillance, health emergency preparedness and response, and has been effective in supporting preparedness and responses to public health emergencies.
- ❖ **Strategic Partnerships:** ECSA-HC has forged strategic partnerships with international organizations, donors, and NGOs, enhancing its capacity to address regional health challenges.
- ❖ **Skilled Workforce:** ECSA-HC boasts of a skilled and diverse workforce, including experts in epidemiology, Laboratory, Health Economics, public health, knowledge management and healthcare management.
- ❖ **Less bureaucratic inter-governmental organization** - While the organization is inter-governmental, the governing structures have delegated powers to make many operational decisions to the Director General and therefore the activities and programs are implemented in a timely fashion as there are no lengthy bureaucratic approval processes for actions already approved by the Health Ministers Conference.
- ❖ **Strong convening powers** - ECSA-HC has the power to convene and enhance the coordination of activities among the Member States and sometimes non-Member States through Memorandums of Understanding (MoUs)
- ❖ **ECSA-HC Flagship colleges** - The ECSA-CHS fellowship approach ensures training of the health **specialists** is localized in the ECSA-HC region. This leads to avoidance of high costs of training health specialists abroad, supplements the limited numbers churned through the university system, ensure trainees continue to provide services at their work places-usually

district level hospitals, promote health worker retention hence improving access to quality specialists' services outside capitals and major urban towns among others.

3.1.2 Weaknesses

- ❖ **Limited Funding Sources:** The health body relies heavily on limited funding sources, affecting its ability to expand programs and respond to emerging health issues adequately.
- ❖ **Inconsistent Member State Contributions:** Contributions from Member States are irregular and often below the expected levels, creating financial challenges for the organization, particularly for activities needed to drive the strategic plan. A root cause analysis in the inconsistent Member States contribution needs to be conducted and the main cause stated. This will be instrumental in proposing plausible solutions
- ❖ **Data Fragmentation:** There is a lack of a standardized data-sharing platform among Member States, leading to challenges in data integration and analysis.

3.1.3 Opportunities

- ❖ **Global Health Initiatives:** ECSA-HC can leverage global health initiatives and funding opportunities to enhance its programs and address priority health issues in the region. This could also be an opportunity for regional resource mobilization for interventions that seek to drive regional impact.
- ❖ **Emerging Infectious Diseases:** The region faces the challenge of emerging infectious diseases, requiring the organization to enhance support for preparedness and response mechanisms among the Member States.
- ❖ **Technology Integration:** Embrace technological advancements to improve data management, surveillance, and communication, enhancing the organization's effectiveness.
- ❖ **Capacity Building Programs:** Implement capacity-building programs to empower Member States in healthcare delivery, disease prevention, and emergency response.
- ❖ **Public-Private Partnerships:** To diversify funding sources and tap into private sector expertise, the new strategy should explore opportunities to collaborate with other institutions including RECs such as SADC, EAC; Health bodies such as Africa CDC, WHO and development partners e.g. US CDC, USAID, GF as well as the private sector

- ❖ **Collegiate Model of training:** Currently, there is a limited number of institutions that offer health-specialized training, this has provided room for ECSA-HC Colleges to expand and complement the existing traditional university education.

3.1.4 Challenges

- ❖ **Economic Recession:** the prolonged economic downturn in most Member States affects their ability to remit contributions timeously as well as fully participating in regional initiatives
- ❖ **Health Inequities:** Addressing health inequities within the region presents a persistent challenge that requires targeted interventions and advocacy.
- ❖ **Resource Constraints:** Limited resources and competing health priorities may hinder the implementation of comprehensive health programs. ECSA-HC needs funds for its goals, colleges for training need support, and trainees face financial challenges. Governments should provide adequate funding for ECSA-HC's objectives.
- ❖ **Sector variances amongst Member States:** Harmonizing implementation of the programme amongst Member States which may be at varying levels of economic and sectoral development poses a major challenge.
- ❖ **Inadequate professionals in the region:** The shortage of well-trained health professionals to meet the high demand in health care in the region is a growing challenge. The number of qualified professionals in all Member States is still very low which calls for more focused training to have more qualified personnel.
- ❖ **Limited institutional capacity of the hospitals for IT facilities,** to complement online learning and training platforms of the Collegiate model of training will be addressed through deliberate investment in health technology, learning systems and training.
- ❖ **Inadequate trainers and resource materials.** The number of qualified trainers is low in some of the Member States coupled with limited resource materials to deliver apprenticeship training in hospitals.
- ❖ **Public Awareness:** Literacy levels including collegiate training awareness are still very low across all Member States. This has affected the uptake of the training as well as access to surgical care.
- ❖ **Lack of recognition of Colleges in some Countries:** Most Countries have embraced the collegiate model of training through their Ministries of Health; however, the Colleges are yet to be recognized and licensed by the Higher Education Councils in most Countries which has

become a stumbling block to our trainees in their respective Countries. Consistent with recognized and respected regional standards and similar peer institutions, appointment and promotion of clinical faculty could be ranked as:

- Clinical Instructor
- Clinical Senior Instructor
- Clinical Associate Professor
- Clinical Professor (or other acceptable terminology).

Faculty appointments and promotions are made by the Constituent College, within guidelines of ECSA-CHS appointment and promotion of faculty policies and procedures.

❖ **Diversity among the Members** states in recognition and inclusion in the scheme of service between these graduates and those from the traditional university programs. ECSA CHS is an academic institution training and graduating specialists and subspecialists, it is recommended that ECSA CHS adopts a faculty ranking nomenclature that is consistent with recognized norms in institutions of higher education. Academic appointments and promotions for ECSA-CHS faculty members signify that they are qualified and have made important contributions to their field or profession.

3.2. Analysis of Possible Strategic Initiatives Based on SWOC Analysis

Below are some of the strategies and initiatives derived from the SWOC factors identified by stakeholders to this Strategic Plan. By implementing these strategic initiatives, among others, ECSA-HC will leverage its strengths and address its weaknesses to capitalize on emerging opportunities and mitigate potential threats. This will allow ECSA-HC to achieve strategic fit and effectively contribute to improving the health and well-being of the people in the East, Central, and Southern African region.

Table 1 Analysis of Possible Strategic Initiatives Based on SWOC Analysis

STRENGTHS:	STRATEGIES AND INITIATIVES
Established Regional Presence & Strong Convening Power:	<ul style="list-style-type: none"> • Leverage convening power to establish ECSA-HC as the central hub for regional health initiatives.
	<ul style="list-style-type: none"> • Host regular meetings and workshops on priority health issues, facilitating collaboration between Member States.
	<ul style="list-style-type: none"> • Become a leader in regional disease surveillance and outbreak response.

Expertise in Disease Surveillance & Skilled Workforce:	<ul style="list-style-type: none"> Develop a standardized regional disease surveillance platform and offer training programs for Member States.
Flagship Colleges & Less Bureaucratic Structure:	<ul style="list-style-type: none"> Expand the reach and recognition of ECSCA-HC Colleges. Advocate for national accreditation of ECSCA-HC Colleges and partner with universities for joint training programs.
WEAKNESSES:	STRATEGIES AND INITIATIVES
Limited Funding & Inconsistent Member State Contributions:	<ul style="list-style-type: none"> Diversify funding sources and improve member state financial commitment. Conduct a cost-benefit analysis to demonstrate the value proposition of ECSCA-HC to Member States. Explore innovative financing mechanisms like public-private partnerships (PPPs) and results-based financing.
Data Fragmentation:	<ul style="list-style-type: none"> Standardize data collection and sharing practices among Member States. Develop a regional health information system with technical assistance for Member States to implement it.
OPPORTUNITIES:	STRATEGIES AND INITIATIVES
Global Health Initiatives & Technology Integration:	<ul style="list-style-type: none"> Utilize technology to improve efficiency and effectiveness. Implement a digital transformation plan to enhance data management, communication, and service delivery. Leverage global health initiatives for funding and program development. Develop a comprehensive proposal outlining how ECSCA-HC can address regional health priorities through global health initiatives.
Capacity Building Programs & Public-Private Partnerships:	<ul style="list-style-type: none"> Empower Member States through targeted capacity building programs. Develop training programs on healthcare delivery, disease prevention, and emergency response tailored to the specific needs of each member state. Establish PPPs with the private sector to access expertise and funding for priority programs. Identify areas where private sector collaboration can benefit regional health outcomes, such as joint training initiatives or research projects.
CHALLENGES:	STRATEGIES AND INITIATIVES
Emerging Infectious Diseases & Economic Recession:	<ul style="list-style-type: none"> Strengthen regional preparedness and response mechanisms for emerging infectious diseases. Develop regional protocols for outbreak response and conduct simulation exercises to test preparedness. Advocate for increased health sector funding from Member States despite economic challenges. Highlight the cost-effectiveness of preventative measures compared to outbreak response costs.
	<ul style="list-style-type: none"> Develop targeted interventions to address health inequities within the region.

<p>Health Inequities & Resource Constraints:</p>	<ul style="list-style-type: none"> • Conduct research to identify the root causes of health inequities and develop programs to address them. • Prioritize resource allocation based on regional health needs and program effectiveness. • Develop a transparent and data-driven resource allocation framework.
<p>Sectoral Variances & Inadequate Professionals:</p>	<ul style="list-style-type: none"> • Develop standardized training programs and harmonize healthcare delivery across Member States. • Collaborate with Member States to develop national healthcare delivery standards based on regional best practices. • Expand the capacity of ECSA-HC Colleges and explore alternative training models. • Develop online learning platforms and offer scholarships to address the shortage of healthcare professionals.

This SWOC analysis serves as a starting point for strategic planning, allowing ECSA-HC to capitalize on strengths, address weaknesses, exploit opportunities, and mitigate challenges to achieve its overarching goals.

3.3. Start, Stop Continue Assessment

Conducting a Start-Stop-Continue (SSC) analysis is a valuable strategic management tool that allows organizations to critically evaluate their current practices and activities. This analysis involves assessing what activities the organization should start doing, stop doing, and continue doing. As ECSA-HC implements this strategic plan, key efforts will be made to:

AREA NOTES

START	<ul style="list-style-type: none"> ❖ Start implementing digital health platforms to enhance communication, data sharing, and coordination among ECSA-HC-Health Member States. This could include the development of a centralized information hub for best practices, research findings, and health policies. ❖ Initiate the integration of digital health technologies to enhance data collection, real-time information sharing, and response coordination. This includes exploring innovative solutions for telemedicine, mobile health, and digital disease surveillance. ❖ Begin the organizational culture transformation journey supported by concerted digital transformation efforts. ❖ Maintain and strengthen existing disease surveillance and reporting mechanisms to ensure timely information exchange on emerging health threats within the region. This helps in coordinated response efforts. ❖ Establish a strategic basket fund to support unforeseen emergency responses as well as participation of ECSA-HC in the development of national strategic plans for Member States and regional commemoration of events. ❖ Projects should be domiciled under the relevant clusters and supported by other clusters/directorates in specialized areas e.g. projects domiciled under NCDs but with elements of CHS or Human rights should be supported accordingly during implementation
STOP	<ul style="list-style-type: none"> ❖ Discontinue inefficient administrative processes that may hinder the swift implementation of health interventions. Internally, ECSA-HC should streamline operations and adopt efficient business processes e.g. moving from paper based to electronic based processes ❖ Stop using outdated communication channels and work processes. Transition to more modern and efficient communication tools and platforms and engage a strong communications team to profile ECSA-HC’s work in the region.
CONTINUE	<ul style="list-style-type: none"> ❖ Continue efforts to strengthen health systems, focusing on improving infrastructure, healthcare workforce, and access to essential services, particularly in underserved and vulnerable communities in Member States. ❖ Maintain and enhance platforms for cross-country information sharing, best practices, and lessons learned. Regularly convene forums, conferences, and workshops to facilitate knowledge exchange among Member States. ❖ Continue public health campaigns addressing prevalent health issues in the region, such as vaccination awareness, infectious disease prevention, and health promotion. Utilize communication channels to reach diverse populations effectively. ❖ Strengthen resource mobilization efforts to develop institutional capacities and support full implementation of strategies

4. ECSCA-HC MEMBERSHIP AND GOVERNANCE STRUCTURE

4.1 Member States

The ECSCA-HC membership comprises of 9 states, namely Eswatini, Kenya, Lesotho, Malawi, Mauritius, the United Republic of Tanzania, Uganda, Zambia, and Zimbabwe. Within its projects, ECSCA-HC supports non-Member States including Angola, DRC, Comoros, South Africa, Madagascar, Botswana, Burundi, Cameroon, Eritrea, Ethiopia, Gabon, Liberia, Mozambique, Namibia, Rwanda, Seychelles, São Tomé, South Sudan, Sudan, and Somalia. Over the next ten years, ECSCA-HC plans to grow the membership.

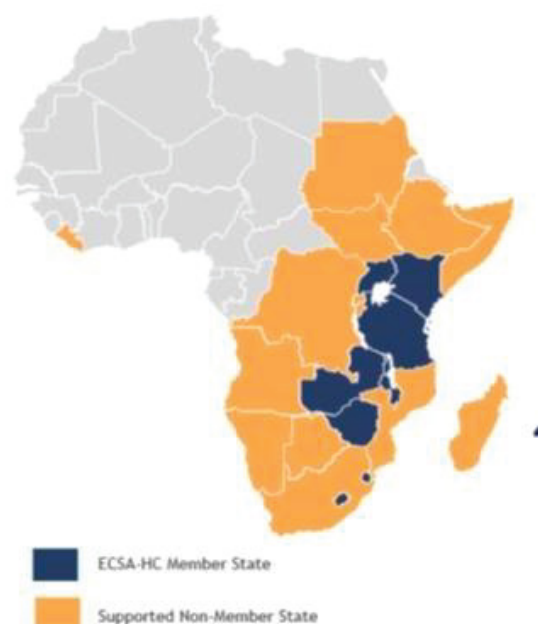


Fig 3: ECSCA-HC Member States

4.2 Governance Structure

The ECSCA-HC health community is governed by five main organs namely:-

- ❖ **ECSCA-HC Conference of Health Ministers-** The highest governing body and which meets annually to review policy matters, national health strategies and to define regional health priorities.
- ❖ **The Advisory Committee-** Composed of Permanent Secretaries of the Ministries of Health of Member States and which functions as the Board of Management of the Secretariat.
- ❖ **The Directors' Joint Consultative Committee-** The highest technical committee composed of Permanent Secretaries, Directors of Health Services, Deans of Medical Schools and other health institutions and heads of Health research institutions.
- ❖ **Programme Experts' Committees** -Technical committees that draw on expertise from Member States' programme managers, external advisors, professional associates and consultants from the region. This organ is strategically placed to support other strategic governance structures.
- ❖ **The ECSCA-HC Secretariat** - The Secretariat which is headed by the Director-General is located in Arusha, in the United Republic of Tanzania and is responsible for the implementation of the ECSCA-HC's programmes.

4.3 College of Health Sciences (CHS)

The establishment of the East Central and Southern Africa College of Health Sciences (ECSA-CHS) arose from the collaboration of member states within the East Central and Southern Africa Health Community (ECSA-HC). Recognizing significant gaps in Human Resources for Health, particularly the shortage of specialized medical professionals, the Health Ministers Conference proposed an additional training approach to supplement traditional university education. This approach, known as the fellowship program, facilitates specialized training within the workplace.

The fellowship model of ECSA-CHS ensures that training for health specialists is localized within the ECSA-HC region. Through targeted training programs, capacity-building initiatives, and continuous professional development opportunities, we aim to empower individuals to excel in their respective roles and adapt to the dynamic landscape of healthcare delivery. This capacity building is delivered through our 9 Colleges Without Walls. The organization has strategically built specialties in key areas such as Human Resources for Health through initiatives like Colleges Without Walls.

The Colleges include College of Surgeons (COSECSA), College of Physicians (ECSACOP), College of Nursing and Midwifery (ECSACONM), College of Anesthesiologists (CANECSA) and the College of Obstetrics and Gynecology (ECSACOG); College of Oncologists (ECSACO), College of Pathologists (COPECSA), College of Ophthalmologist (COECSA) and the College of Pediatrics and Child Health (ECSAPACH)., These programs empower health professionals with specialized skills while enabling them to continue serving in their respective countries.

1 COLLEGE OF HEALTH SCIENCES



9 AFFILIATE COLLEGES



16 MEMBER STATES



OVER 12,000 GRADUATES



ORGANIZATIONAL STRUCTURE

4.4 Organogram

The current ECSA-HC organogram is illustrated below:

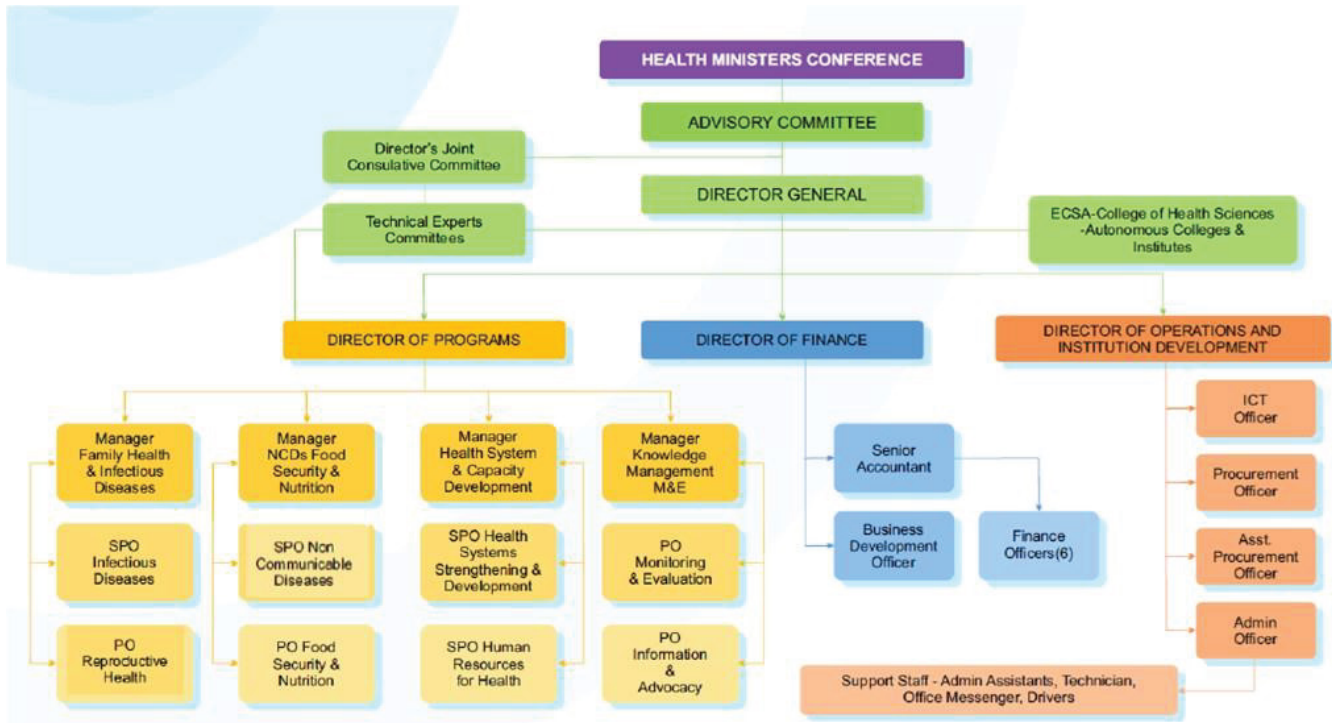


Fig 4: ECSA-HC Organogram

The original structure remained largely unchanged. A few amendments were suggested during the review process to refine the structure of the ECSA-HC in line with practical requirements. The following positions were recommended:

Table 2 Recommended Organogram Positions

Job Role / Function	Timing (Priority)	Comments
Stakeholder Engagement, Communications, and Diplomatic Protocol Officer	2024	<ul style="list-style-type: none"> Located in DG’s Office. Separated from KM Alternative Nomenclature – “Public Relations, Communications & Advocacy”.
Resource Mobilization Manager	2024	<ul style="list-style-type: none"> Located in DOF Nomenclature changed from Business Development Officer Strengthened to Manager
Enterprise-wide Risk Management & Compliance	2025	<ul style="list-style-type: none"> Located in DOID
Human Resources Officer	2026	<ul style="list-style-type: none"> Separated from Administration Officer
Internal Controls Inspectorate Officer	2027	<ul style="list-style-type: none"> Preferred nomenclature to “Internal Audi

The successful implementation of the ECSA-HC strategy will be driven largely by how it organizes its human resources around the identified key result areas. There is a recognized need to strengthen the performance management systems within the organization . This involves implementing robust mechanisms to monitor and evaluate the performance of staff officers, ensuring that each individual is effectively delivering on their designated mandate. A well-designed performance management system can help identify areas of strength and areas needing improvement, facilitating professional development and overall team effectiveness. In this strategic planning period, ECSA-HC will work to:

- ❖ **Augment Staffing:** Increase the number of staff, particularly high-level technical experts, to adequately support the organization's mission and effectively assist Member States.
- ❖ **Enhance Performance Management Systems:** Implement comprehensive performance management systems to monitor and evaluate the performance of project officers, ensuring they deliver on their mandates effectively.
- ❖ **Strengthen Accountability Measures:** Reinforce systems for accountability to hold project officers responsible for their assigned tasks and outcomes. This includes setting clear expectations, defining key performance indicators, and regularly assessing progress.

4.5 Leadership and Culture

The shared core values of ECSA-HC are the central inspiration to the culture and style of management established by the Secretariat. ECSA-HC is committed to fostering a vibrant organizational culture that embodies core values of service, collaboration, leadership, stewardship, and diversity. To achieve this transformation, we will embrace the power of digital tools and data to become a more effective and impactful organization. Key Initiatives will include:

- **Service:** We will prioritize Member State needs through innovative training programs and targeted interventions, leveraging technology to enhance service delivery and communication.
- **Collaboration:** We will strengthen regional collaboration by establishing ourselves as a central hub for knowledge sharing, convening regular workshops, and promoting joint initiatives with Member States and partners.
- **Leadership:** We will empower our skilled workforce by providing opportunities for professional development and fostering a culture of continuous learning. Digital tools will be incorporated to streamline decision-making and resource allocation.

- **Stewardship:** We will ensure responsible use of resources by implementing transparent budgeting practices and advocating for increased member state contributions. Data-driven decision-making will be a cornerstone of our approach.
- **Diversity:** We will embrace the rich tapestry of experiences and backgrounds within our workforce and Member States. We will actively promote inclusivity in all aspects of our operations, leveraging technology to bridge communication gaps and foster cross-cultural collaboration.

By embracing change and these cultural strategies and initiatives, ECSA-HC will cultivate a strong organizational culture that values service, collaboration, leadership, stewardship, and diversity. This, coupled with a strategic digital transformation, will ensure ECSA-HC remains a leader in public health, effectively serving the East, Central, and Southern African region.

ECSA-HC utilized the 7S model to depict how effectiveness will be achieved during the implementation of the strategic plan through the interactions of seven key elements – Structure, Strategy, Skill, System, Shared Values, Style, and Staff. These leadership principles are summarized in the diagram below.

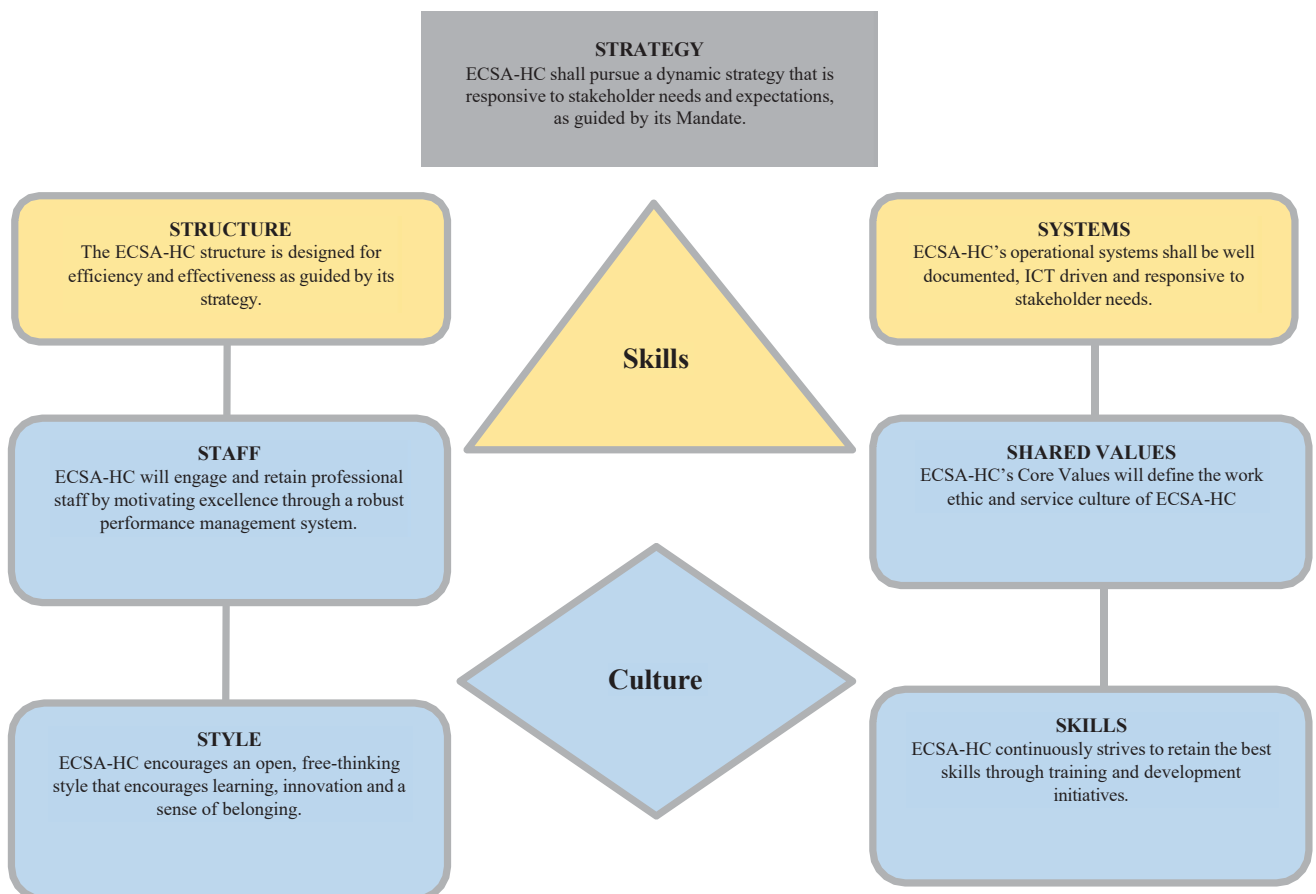


Fig 5 – ECSA-HC 7S Framework

5. ECSA-HC STRATEGIC FRAMEWORK

The East, Central and Southern Africa Health Community (ECSA-HC) is a regional intergovernmental organization founded in 1974 by the Convention of the ECSA-Health Community. The organization exists to foster regional cooperation in health. The Vision of ECSA-HC is to be the leader in health in East, Central, and Southern Africa, contributing towards the attainment of the highest standard of physical, mental, and social well-being of the people in the region. ECSA-HC recognizes health as a fundamental human right. As an inter-governmental organization, ECSA-HC promotes the highest standards of health for individuals, families, and communities through advocacy, capacity building, brokerage, coordination, inter-sectoral collaboration, and harmonization of health policies and programs. ECSA-HC is guided by the following Vision and Mission:

VISION



To be a Leader in Health in the ECSA region, contributing towards the attainment of the highest standard of social well-being, physical and mental health for all people in the region.

MISSION



ECSA-HC recognizes health as a fundamental human right. As an inter-governmental organization, ECSA-HC promotes the highest standards of health for the individuals, families and communities through advocacy, capacity building, brokerage, coordination, inter-sectoral collaboration and harmonization of health policies and programmes.

GUIDING PRINCIPLES

Our guiding principles are at the heart of how we define impact. They are embedded in how we make decisions, prioritize areas for support, and drive results through our programs.

Service Delivery

We celebrate the impact we make in the lives of individuals and communities through the delivery of accessible health services. We are responsive to the needs of the communities we serve.



We strive for recognition as trusted partners and believe that strong leadership is essential for gaining cooperation, driving progress, and creating positive change in the health landscape.

Leadership

Collaboration

We value partnership and strive to foster a culture of solidarity and cooperation with our stakeholders, including other health organizations, governments, communities, and individuals. We promote teamwork, the sharing of knowledge and resources, and the pooling of resources to achieve better health outcomes across Member States.



We uphold transparency and accountability as committed guardians of the resources entrusted to us, whether they are financial, human, or infrastructural resources. We build confidence and trust in our work by remaining open to scrutiny by our stakeholders.

Stewardship

Diversity

We embrace and celebrate our differences. We recognize the value of a workforce, membership, and service approach that reflects the diverse populations we serve across Africa.



CORE VALUES

- ❖ **Trust-** belief in the mutual commitment towards better health for the region
- ❖ **Transparency-** being explicit and honest regarding the reasons behind actions and decisions
- ❖ **Equity-** fairness in the allocation of and access to resources
- ❖ **Respect-** having due regard to the autonomy and viewpoint of member states and partners
- ❖ **Diversity-** recognition of the uniqueness of member states, partners and other stakeholders

STRATEGIC OBJECTIVES

Over the next ten years, ECSA-HC will partner with Member States to strengthen health systems to meet the growing needs of their populations. The organization will organize its activities around the nine strategic objectives outlined below:

1

To facilitate the building of **Human Resources for Health** capacity in Member States and the secretariat

2

To **strengthen health systems** in the ECSA-HC Member States towards attainment of universal health coverage

3

To support the development and facilitate the **implementation of RMNCAH strategies** in the Member States

4

To promote the **reduction of non-communicable diseases, mental health conditions, injuries and all forms of malnutrition**

5

To promote the **reduction of communicable and infectious diseases** and the effects of climate on health

6

To strengthen **knowledge generation, management and utilization** to inform decision making and programming in health

7

To foster regional health policy agenda, **strategic partnerships and collaboration** towards the achievement of international commitments including the Sustainable Development Goals

8

To improve **financial sustainability** for ECSA-HC secretariat

9

To strengthen ECSA-HC Secretariat's capacity to provide oversight and implement **good corporate governance**

6. ECSA-HC STRATEGIC OBJECTIVES AND PRIORITIES

6.1 Objective 1 – Human Resources for Health Capacity Building

Objective 1 for ECSA-HC is to **facilitate the building of Human Resources for Health capacity in Member States and the Secretariat.**

In our commitment to advancing global health equity and ensuring access to quality healthcare for all, ECSA-HC recognizes the critical importance of nurturing a skilled and empowered workforce. This strategic objective centers on fortifying the capacity of Human Resources for Health across Member States and within the Secretariat itself, laying the foundation for sustainable healthcare systems and effective response to emerging challenges. At the core of our mission lies the belief that investing in human capital is fundamental to achieving health for all. We are dedicated to equipping healthcare professionals in the region with the knowledge, skills, and resources necessary to deliver comprehensive, patient-centered care. Key priorities under this objective will be delivered by the CHS and include:

Table 3 Objective 1 – Human Resources for Health Capacity Building, Strategic Priorities

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATORS	EXPECTED OUTCOMES	RESPONSIBLE	TIMELINE
1.1 Deliver a high-quality training program for health care professionals. To develop and implement a comprehensive training tailored to improving competency and enhancing healthcare service delivery.	<ul style="list-style-type: none"> Percentage increase in competency levels among healthcare professionals through pre- and post-training assessments for short-term courses, skill-based evaluations, and performance reviews 	<ul style="list-style-type: none"> Healthcare professionals with increased competency and proficiency in their respective roles, leading to tangible improvements in the delivery of healthcare services 	<ul style="list-style-type: none"> College of Ophthalmologists, College of Obstetrics and Gynaecology College of Physicians, College of Anaesthesiologists 	Annually to 2034
1.2 Establish learning sites to facilitate training: To identify a well-equipped learning site to facilitate comprehensive training for healthcare professionals, ensuring accessibility and effectiveness in skill development	<ul style="list-style-type: none"> Recognition of the training program in Member States Increased number of Accredited hospitals for different specialty 		<ul style="list-style-type: none"> College of Nurses and Midwifery 	Q2 2025
1.3 Increase the pool of Trainers and Master Trainers to facilitate training for	<ul style="list-style-type: none"> Increase number of master Trainers and Trainers 	<ul style="list-style-type: none"> Expanded pool of Master Trainers and Trainers with diverse skills 	<ul style="list-style-type: none"> College of Surgeons 	Q3 2025 - 2034

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATORS	EXPECTED OUTCOMES	RESPONSIBLE	TIMELINE
<p>healthcare professionals. To ensuring a diverse and skilled workforce capable of delivering high-quality education programs</p>	<ul style="list-style-type: none"> Existence of diversity pool of Master Trainers and Trainers with ability to effectively deliver high-quality education programs, as evidenced by participant evaluations, knowledge transfer, and skill development outcomes Existence of Professional development programme for Master Trainers and Trainers 	<p>capable of delivering high-quality training programs for healthcare professionals</p>	<ul style="list-style-type: none"> College of Pediatrics College of Oncologists College of Pathologists 	
<p>1.4 Research and publications. To enhance research productivity and the quality of publications within the Colleges</p>	<ul style="list-style-type: none"> Research studies undertaken in Member States published Research grants available and offered Increased number of young researchers Number of papers published Number of Manuscripts approved by the IRB 	<ul style="list-style-type: none"> Increased quantity and quality of research output and publications within the Colleges, contributing to academic advancement and knowledge dissemination in the respective fields 	<ul style="list-style-type: none"> College of Ophthalmologists, College of Obstetrics and Gynaecology College of Physicians, College of Anaesthesiologists College of Nurses and Midwifery College of Surgeons College of Pediatrics College of Oncologists College of Pathologists 	<p>2025 - 2034</p>
<p>1.5 Resource Mobilisation. To increase the financial and non-financial resources available to support the Colleges' initiatives and programs through effective resource mobilization strategies</p>	<ul style="list-style-type: none"> Increased number of financial resources secured through various channels such as grants, donations, sponsorships, and fundraising activities. Increased amount of funds received from member subscriptions Number of new collaboration opportunities identified or initiated because of communication efforts 	<ul style="list-style-type: none"> Substantial increase in both financial and non-financial resources, thereby enhancing their capacity to support a wide range of initiatives and training programs. 		<p>Q4 2025 - 2034</p>
<p>1.6 Communication and advocacy. To strengthen information management systems that support effective communication for visibility and proactive engagement with key stakeholders</p>	<ul style="list-style-type: none"> Number of new collaboration opportunities identified or initiated because of communication efforts 	<ul style="list-style-type: none"> Established robust communication channels that ensure effective visibility and proactive engagement with key stakeholders, fostering mutual understanding, collaboration, and support for colleges goals and initiatives. 		<p>Q1 2025 - 2034</p>

6.2 Objective 2 – Strengthening Health Systems

The second strategic objective is to strengthen health systems within the Eastern Central and Southern Africa Health (ECSA) Community by fostering capacity to achieve and sustain universal health coverage (UHC) and ensure equitable access to quality healthcare services for all citizens, including patient-centered care approach that profoundly respects and responds to the individuality of each patient, coordination and integration of care, Information, communication, and education, physical comfort, emotional support and network access to care, The following principles will guide action in prioritizing and implementing SHS and these include leaving no one behind which is a commitment to equity, non-discrimination and human rights-based approach; transparency; and accountability. Whilst progress has been made in increasing domestic health investment across Africa, the case for public healthcare spending is still a major concern across the ECSA region where resources are more constrained and access to essential healthcare services is most restricted. The need to address these concerns is therefore an urgent priority for countries across the region. In response to this, ECSA-HC will employ the following strategic approaches that will be executed by the Health Systems and Capacity Development (HSCD) cluster.

Table 4 Objective 2 – Strengthening Health Systems, Strategic Priorities

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>Health financing – Promote and advocate for Universal Health Coverage (UHC) in Member States</p>	<ul style="list-style-type: none"> Proportional Member States supported with a review of the milestones attained toward UHC Proportion of OOP expenditure per Member States 	<ul style="list-style-type: none"> Improved access, and protection from catastrophic spending on healthcare 	HSCD manager	<p>Q4 2029</p> <p>Bi-annually</p>
<p>2.1 Enhancement of Service Delivery- Promote Quality Improvement Initiatives in the region for enhanced service delivery and enhanced mentorship in providing basic surgical and medical emergency care (Collaborating with the colleges)</p>	<ul style="list-style-type: none"> Number of countries supported to build capacity in basic surgical and medical care Trends of referrals for specialized care at the member state level 	<ul style="list-style-type: none"> Improved access to quality surgical and medical care in Member States 	HSCD manager	<p>Q4 2025</p> <p>Annually</p>

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>2.2 Health Workforce Leadership and Governance- Enhance skills and leadership in health management in Member States</p>	<ul style="list-style-type: none"> Number of managers of health trained in health governance. 	<ul style="list-style-type: none"> Enhanced skills in hospital, and health systems management by member states 	HSCD manager	Q 2029
<p>2.3 Patients centered care: Improve patient-provider communication to ensure safety and patients understand their health conditions and treatment options, equip patients with the knowledge and tools necessary to participate actively in their healthcare and provide culturally sensitive care that respects diverse patient backgrounds and needs.</p>	<ul style="list-style-type: none"> Number of countries adopting patient centred care and safety strategies Number of health care workers trained on patient care centred approach Proportion of patients equipped with the knowledge and tools necessary to participate in their health care 	<ul style="list-style-type: none"> Improved patient-provider communication and knowledge necessary for the patient participation on their healthcare by member state 	HSCD manager	Q4 2025 Annually
<p>2.4 Pharmaceutical Manufacturing Capacity to increase the local production of pharmaceuticals, vaccines, and diagnostics to reduce dependency on imports and improve access and self-sufficiency.</p>	<ul style="list-style-type: none"> Number of regional training institutes offering specialized courses in pharmaceutical sciences and biomanufacturing Number of countries adopting harmonized regulatory standards across the member states Number of countries achieving WHO Maturity Level 3 and 4 at the National Regulatory Authorities. Number of regional hubs established to support pooled procurement Number of countries with efficient and reliable supply chains to ensure timely distribution of pharmaceuticals and vaccines 	<ul style="list-style-type: none"> Skilled workforce developed capable of sustaining pharmaceutical and vaccine manufacturing industries in Member states Strengthened Regulatory Frameworks to ensure safety, efficacy, and quality of pharmaceuticals and vaccines developed Strengthened Regulatory capacity to ensure safety, efficacy, and quality of pharmaceuticals and vaccines Better pricing and ensuring access, availability and quality of pharmaceuticals and vaccines through the regional hubs Efficient and reliable supply chains to ensure timely distribution of pharmaceuticals and vaccines in member states 	HSCD Manager	Q4 2029 Annually

6.3 Objective 3 – Reproductive, Maternal, Newborn, Child and Adolescent Health

Strategic objective 3 is to **support development and facilitate the implementation of RMNCAH Strategies in the Member States**

This initiative aims not only to address immediate health needs but also to foster sustainable solutions for long-term well-being. Central to this endeavor is the establishment of robust support frameworks designed to empower Member States in crafting tailored RMNCAH strategies that resonate with their unique socio-cultural contexts. These frameworks must incorporate evidence-based practices, drawing upon the latest research and insights, to ensure the efficacy of interventions. ECSCA-HC will facilitate knowledge-sharing platforms, workshops, and forums, valuable experiences and best practices can be exchanged, enabling a collective learning process that enriches the implementation of RMNCAH strategies. ECSCA-HC will also offer technical assistance and capacity-building initiatives by offering training programs and resources. The Family Health and Infectious Diseases (FHID) Cluster will execute the following priorities:

Table 5 Objective 3 – Reproductive, Maternal, Newborn, Child and Adolescent Health, Strategic Priorities

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
3.1 Support countries to build capacity to deliver quality RMNCAH services	<ul style="list-style-type: none"> Number of countries supported to build capacity in selected priority areas. Number of trainings conducted in selected priority areas 	<ul style="list-style-type: none"> Improved capacity to deliver quality RMNCAH services in Member States 	FHID	2024-2034
3.2 Support multi-stakeholder country platforms for women’s, children’s, and adolescents’ health.	<ul style="list-style-type: none"> Number of countries with a national multi-stakeholder platform for RMNCAH meeting minimum standards 	<ul style="list-style-type: none"> Strengthened multistakeholder country platforms for RMNCAH. 	FHID	2025-2027
3.3 Support periodic review of Member States’ progress towards achievement of national and SDG targets crucial to the health of women, children and adolescents.	<ul style="list-style-type: none"> Proportion of planned reviews conducted. 	<ul style="list-style-type: none"> Readily available data on progress towards national and SDG targets on RMNCAH to facilitate decision-making. 	FHID/KMME	2025, 2027, 2029
3.4 Support the strengthening of accountability mechanisms for RMNCAH through user-friendly scorecards and citizen-led social accountability.	<ul style="list-style-type: none"> Number of countries using scorecards/dashboards for RMNCAH at national and sub-national levels Proportion of countries supported in the use of RMNCAH scorecards. 	<ul style="list-style-type: none"> Robust accountability mechanisms for RMNCAH established in Member States 	FHID/KMME	2025-2027

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STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
3.5 Support countries to strengthen programming for adolescent health.	<ul style="list-style-type: none"> Number of countries supported to establish/strengthen citizen-led social accountability mechanisms for RMNCAH. Number of countries supported to develop/review adolescent health strategies/plans. Number of countries supported to improve data for adolescent health. 	<ul style="list-style-type: none"> Improved adolescent health programming in Member States 	FHID/KMME	2024-2034
3.6 Support countries to strengthen programming for Early Childhood Development	<ul style="list-style-type: none"> Proportion of countries supported to strengthen programming for ECD 	<ul style="list-style-type: none"> Improved programming for Early Childhood Development in Member States 	FHID/NFSN	2024-2034
3.7 Support countries to develop and strengthen strategies to prevent GBV and provide comprehensive services for survivors.	<ul style="list-style-type: none"> Number of countries supported to strengthen GBV programming. 	<ul style="list-style-type: none"> Improved GBV prevention and response in the Member States 	FHID	2024-2034
3.8 Support countries to develop and strengthen policies, programmes and strategies that prevent children from violence.	<ul style="list-style-type: none"> Number of countries supported to implement VAC prevention and response programmes. Number of trainings conducted on VAC. 	<ul style="list-style-type: none"> Prevention and response to Violence Against Children in Member States improved 	FHID	2024-2026

6.4 Objective 4 – Non-Communicable Diseases, Mental Health, Injuries and Malnutrition

The fourth key strategic objective is **to promote the reduction of Non-Communicable Diseases (NCDs), Mental Health conditions, Injuries and all forms of Malnutrition**. ECSA-HC will align to the global plan of action for tackling NCDs, mental health, injuries and all forms of malnutrition. The plan includes supporting Member States to implement population-wide interventions to reduce risk factors, strengthening health system capacity to deliver integrated care for NCDs, Mental Health conditions, Injuries and Malnutrition, investing in workforce training, establishing robust surveillance system for the conditions and mobilizing political commitment and advocacy at global, regional and national levels.

Table 6 Objective 4 – Non-Communicable Diseases, Mental Health, Injuries and Malnutrition, Strategic Priorities

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>4.1 Nutrition and Food Security To strengthen the capacity of MS to implement high-impact interventions on Nutrition with a Food systems approach</p>	<ul style="list-style-type: none"> Number of countries supported to build capacity of frontline workforce to deliver high impact nutrition interventions Number of strategies and guidelines in nutrition developed and adopted by member states Number of Functional COP & learning platforms established in Nutrition thematic areas 	<ul style="list-style-type: none"> Enhanced planning, programming, and sharing of evidence-based best practices in Nutrition to inform decision-making. 	MNFSN	2024-2034
<p>4.2 Support countries to strengthen Nutrition programming for targeted groups ie Adolescents</p>	<ul style="list-style-type: none"> Proportion of countries supported to strengthen Nutrition programming for Adolescents 	<ul style="list-style-type: none"> Improved capacity to deliver quality Adolescent nutrition services in Member States 	NFSN	2024 - 2028
<p>4.3 Support countries to strengthen the Nurturing care for Early Childhood Development</p>	<ul style="list-style-type: none"> Number of countries operationalizing the Nurturing Care Framework for ECD 	<ul style="list-style-type: none"> Strengthened multistakeholder implementation of NCF for improved ECD 	NFSN	2024 - 2028
<p>4.4 Non-Communicable Diseases (Including Cancers, Hypertension, Diabetes, Chronic Respiratory diseases) Strengthening MS capacities for early diagnosis, treatment, and care of NCDs</p>	<ul style="list-style-type: none"> Number of countries with increase in the proportion of people diagnosed, put on treatment and Care for NCDs 	<ul style="list-style-type: none"> Increased prevention, improved early detection and diagnosis as well care for NCDs patients 	MNFSN	2024-2034

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
including advocating for prevention Interventions	<ul style="list-style-type: none"> Number of countries with increase in the number of health facilities offering integrated NCDs services Number of countries with increased proportion of trained healthcare workforce in NCD prevention, treatment, and care 	<ul style="list-style-type: none"> Enhanced skills and ability for early diagnosis, treatment, and prevention of NCDs. 		
4.5 Mental Health - Support Member States to effectively respond to Mental health conditions	<ul style="list-style-type: none"> Number of countries with increased proportion of Community based mental health interventions Number of HCW trained in the management of Mental Health conditions 	<ul style="list-style-type: none"> Facilitate harmonization and adoption of policies, strategies, and scaling up of good practices Mental health 	MNFSN URC Commonwealth African Union	2024-2030
4.6 Injuries - Advocate for establishment of Emergency Medical Services	<ul style="list-style-type: none"> Number of countries with Emergency Medical Services established 	<ul style="list-style-type: none"> Reduced incidence of injuries Increased safety awareness Improved injury response in Member States 	MNFSN	2026-2034

6.5 Objective 5 – Communicable Diseases and Climate Change

ECSA-HC will work to **enhance the capacity of Member States for prevention; preparedness and response to communicable diseases and health emergencies, including the adverse effects of climate change** in its Strategic Objective 5. Through targeted interventions and collaborative initiatives, ECSA-HC aims to empower Member States with the necessary tools, knowledge, and resources to proactively mitigate the spread, detect, prevent and respond to communicable diseases and mitigate the impact of health emergencies. This entails equipping/strengthening healthcare public health systems in Member States with robust surveillance mechanisms, early warning systems, and rapid response protocols to detect, prevent, contain, control and manage outbreaks and other health emergencies of public health concern effectively. This strategic objective also aims to support the members states to develop and implement strategies to mitigate the effects of climate on health of the people in the region. Below are the main strategies proposed to address the above strategic objective: -

Table 7 Objective 5 – Communicable Diseases and Climate Change, Strategic Priorities

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>5.1 HIV/AIDS – To strengthen country capacities for prevention, universal access to treatment & Care and integration of HIV Services.</p>	<ul style="list-style-type: none"> • Number of countries with increase in the proportion of people tested for HIV/AIDS • Number of countries with increase in the number of health facilities offering integrated HIV services • Number of countries with increased proportion of trained healthcare professionals in HIV prevention, treatment, and care. • Number of countries supported to enhance Universal Access to Treatment & Care, Integration of HIV Services and strengthened Country Capacities 	<ul style="list-style-type: none"> • Enhanced Universal Access to Treatment & Care, Integration of HIV Services and strengthened Country Capacities 	FHID/Projects/DoP	2025-2027
<p>5.2 TB- To strengthen prevention, community engagement, early detection and diagnosis, universal access to TB treatment, vaccination, care and Support.</p>	<ul style="list-style-type: none"> • Reduction in the incidence of TB cases in the Member States. • Countries rolling up rapid diagnostic tests (e.g. GeneXpert, True Nat as well as other emerging technologies) including the availability of trained staff 	<ul style="list-style-type: none"> • Increased prevention, enhanced community engagement, improved early detection and diagnosis as well as universal access to TB treatment and support services 	FHID/Projects/DoP	2025-2034

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
	<ul style="list-style-type: none"> • Countries with expansion of TB treatment services to reach all the population, including migrants, prisoners, and those living in remote areas. • Number of countries supported to enhance TB prevention, community engagement, detection and universal access to treatment and support services 			2025-2029
<p>5.3 Malaria - Support MS to strengthen diagnosis and case management, integrated surveillance systems and community engagement.</p>	<ul style="list-style-type: none"> • Number of countries with reduction in Malaria morbidity and mortality • Number of countries with expanded malaria surveillance coverage • Strengthening of Human Resources for Health through training and capacity-building initiatives focused on malaria prevention, diagnosis, and case management. • Number of countries supported to strengthen Malaria diagnosis, case management, integrated surveillance systems, community engagement and health systems 	<ul style="list-style-type: none"> • Strengthened Diagnosis and Case Management, Integrated Surveillance Systems, Community Engagement and Health Systems 	FHID/Projects/DoP	2025-2029 2025-2034 2025-2029
<p>5.4 Neglected Tropical Diseases- Support countries to strengthen NTD programs in keeping with regional, continental and global strategies</p>	<ul style="list-style-type: none"> • Number of countries with established or enhanced integrated NTD surveillance systems and improved access to NTD Treatment and Care • Reduction in the prevalence of selected NTDs within the countries 	<ul style="list-style-type: none"> • Strengthened Surveillance and Monitoring Systems for NTDs and Improved Access to NTD Treatment and Care 	FHID/Projects/DoP	2025-2029 2025-2029
<p>5.5 Surveillance, Preparedness and Response to Communicable diseases and Health Emergencies</p>	<ul style="list-style-type: none"> • Number of countries with enhanced collaborative surveillance systems including cross border surveillance to monitor the spread of communicable diseases across the one health spectrum. • Number of functional cross border committees • Number of countries with Improved laboratory diagnostic capacity for early detection and response to communicable diseases and health emergencies • Improved regional laboratory diagnostic and research capacity for early detection and response to communicable diseases and health emergencies 	<ul style="list-style-type: none"> • Developed capacity for surveillance, preparedness and response to communicable diseases and HIEs 	FHID/Projects/DoP	2025-2029 2025-2029 2025-2034

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>5.6 Antimicrobial Resistance: Support countries to strengthen AMR programs in keeping with regional, continental and global strategies</p>	<ul style="list-style-type: none"> Number of countries with capacity to detect and report AMR including Multi Drug Resistant Organisms. Number of countries generating AMR/ AMU/AMC surveillance reports 	<ul style="list-style-type: none"> Reduction in the rates of AMR Reduction in consumption and Use of antimicrobials in human and animal health 	FHID/Projects/DoP	2025-2029 2025-2029
<p>5.7 Infection Prevention and Control Support countries to strengthen IPC programs in keeping with regional, continental and global strategies Support countries to strengthen IPC programs in keeping with regional, continental and global strategies</p>	<ul style="list-style-type: none"> Number of countries generating Health Care Associated Infections Surveillance reports 	<ul style="list-style-type: none"> Reduction of Health Care Associated Infections 	FHID/Projects/DoP	2025-2029
<p>5.8 Health Care waste management Support countries to strengthen programs for managing health care waste</p>	<ul style="list-style-type: none"> Number of countries with programs for enhancing compliance to the required standards of healthcare waste management Proportion of facilities complying to healthcare waste management standards among the member states 	<ul style="list-style-type: none"> Improved compliance to healthcare waste management standards 	FHID/Projects/DoP	2025-2029
<p>5.9 Climate Change and Health Support countries to strengthen preparedness and response capabilities for climate induced high risks and create a mechanism for early action in anticipation of outbreaks of climate sensitive conditions or climate shocks</p>	<ul style="list-style-type: none"> Number of countries supported to develop health risk profiles for major climate sensitive events Number of countries with established early warning surveillance systems for climate related health events Number of countries with emergency response capability for climate sensitive events 	<ul style="list-style-type: none"> Improved capabilities of the Member States on Preparedness and Response for climate induced health risks 	FHID/Projects/DoP	2025-2029

6.6 Objective 6 – Knowledge Generation, Management and Utilization

ECSA-HC aims to strengthen **Knowledge Generation, Management and Utilization to Inform Decision Making and Programming in Health**. By investing in rigorous studies, data collection endeavors, qualitative research, knowledge translation and dissemination, ECSA-HC believes that evidence-based practices can be built, guiding decision-making processes and shaping the trajectory of health communication initiatives across Member States. Concurrently, robust knowledge management systems will be essential to effectively organize, store, and disseminate the wealth of information generated. Comprehensive repositories, databases, and knowledge-sharing platforms facilitate seamless access to pertinent research findings and best practices. Innovative approaches that contribute to improved health programming will be developed in this strategy implementation cycle. Key priorities under this objective will be led by the Knowledge Management, Monitoring and Evaluation (KMME) Cluster and include the following:

Table 8 Objective 6 – Knowledge Generation, Management and Utilization, Strategic Priorities

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>6.1 Design and deploy effective monitoring, evaluation and reporting tools to track performance and results.</p>	<ul style="list-style-type: none"> • Availability of robust M&E framework and monitoring tools • Availability of Performance reports; • Availability of the state of health in ECSA region • Availability of Cluster and project reports 	<ul style="list-style-type: none"> • Strong performance monitoring: implementation monitoring and evaluation systems and enhanced technological integration (ICT) 	KMME	2024/25
<p>6.2 Design a regional electronic data warehouse for regional data analysis and utilization</p>	<ul style="list-style-type: none"> • Availability of a regional data warehouse • Availability of Data visualization outputs 	<ul style="list-style-type: none"> • Centralized data management system (ICT); • Improved Data management; • Enhanced Knowledge Management; • Innovative data visualization, • Adopted technologies that can enhance efficiency 	KMME	2024/25
<p>6.3 Conduct training and capacity building on data analysis and use for decision making using the data demand and information use approach (DDIU),</p>	<ul style="list-style-type: none"> • Number of people trained in M&E, Data quality management and Knowledge management 	<ul style="list-style-type: none"> • Culture of using M&E data to inform policy formulation, program planning improved, • Improved resource allocation, 	KMME	2025/26

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
Capacity building in knowledge Management, M&E		<ul style="list-style-type: none"> Promoting evidence-based decision-making Improved 		
6.4 Strengthen communication and packaging of ECSA-HC work to enhance visibility	<ul style="list-style-type: none"> Availability of visibility materials Number of visibility materials generated (disaggregate) Number of papers/articles about ECSA-HC published # of social media hits on ECSA’s work 	<ul style="list-style-type: none"> Improved Communication and packaging of ECSA-HC Work (Visibility); strong communication unit; packaged and consolidated gains and achievements of ECSA-HC over the years 	KMME	2024/25
6.5 Improve Research and resource sharing	<ul style="list-style-type: none"> Number of research conducted Number of publications, policy briefs 	<ul style="list-style-type: none"> Strengthened Research capacity and utilization of research findings and Best Practices in the Region 	KMME	2025/26
6.6 Create/strengthen information sharing platforms (Webinars)	<ul style="list-style-type: none"> Number of conferences convened Number of webinars convened 	<ul style="list-style-type: none"> Strengthened information sharing platforms. Convening of Best Practices Forum, HMC, Webinars 	KMME	2025/26
6.7 Foster partnerships with academic institutions, research organizations, and international agencies to build sustainable research and M&E capacity within the region	<ul style="list-style-type: none"> Number of partnerships established to support research initiatives Number of papers co-authored with research institutions and international agencies 	<ul style="list-style-type: none"> Strengthened partnerships with academic institutions, Improved collaboration with Research organizations, and international agencies to build sustainable research and M&E capacity within the region 	KMME	2026/27

6.7 Objective 7 – Strategic Partnerships and Collaboration

ECSA-HC aims to **foster regional health policy agenda, strategic partnerships and collaboration towards achievement of international commitments including SDGs**. An assessment of other regional organizations working in the health sector was done and results show that most of the ECSA-HC countries belong to these regional organizations as well. This means that there is competing priorities and need for resources to secure membership. It is key that ECSA-HC explores partnering with these other regional bodies for synergies and to avoid duplication of mandates. Strategic partnerships serve as the cornerstone of this endeavor, offering a platform for diverse actors - governments, non-governmental organizations, academic institutions, private sector entities, and civil society organizations - to pool resources, expertise, and influence. As part of the strategic planning process, ECSA-HC undertook a stakeholder mapping exercise which revealed a diverse range of stakeholders with varying levels of influence and interest in ECSA-HC's activities:

- ❖ **Member States** emerged as primary stakeholders with a high level of influence due to their role in governing ECSA-HC and setting its strategic direction. Their interests primarily revolved around regional health cooperation, capacity building, and resource mobilization.
- ❖ **International Organizations:** Entities such as the World Health Organization (WHO), United Nations agencies, and regional bodies like the African Union (AU), SADC, Africa CDC were identified as influential stakeholders with a strong interest in supporting ECSA-HC's mandate. Their collaboration was deemed crucial for accessing technical expertise, funding, and advocacy platforms.
- ❖ **Non-Governmental Organizations (NGOs), Development Partners and Donors:** Various NGOs, development partners and donors operating in the region, focusing on health advocacy, service delivery, and community empowerment, were recognized as key stakeholders. Their involvement offered opportunities for partnership in program implementation, knowledge exchange, and grassroots engagement.
- ❖ **Academia:** Academic institutions were identified as valuable stakeholders contributing expertise in research, knowledge sharing, training, and policy analysis. Collaborative initiatives with universities and research centers could enhance evidence-based decision-making and strengthen the region's health systems.

- ❖ **Private Sector:** Private sector entities, including pharmaceutical companies, healthcare providers, and technology firms, were acknowledged as stakeholders with resources and innovations that could complement ECSA-HC's efforts. Strategic partnerships with the private sector could drive investments in healthcare infrastructure and technology solutions.
- ❖ **Civil Society Organizations (CSOs):** CSOs advocating for health equity, human rights, and marginalized populations were identified as stakeholders championing community voices and holding stakeholders accountable. Collaborative engagements with CSOs could ensure inclusivity and responsiveness in ECSA-HC's programs and policies.

To this end, the senior leadership will oversee implementation of the following priorities. ECSA-HC will focus on the following priorities in pursuit of this objective:

Table 9 Objective 7 – Strategic Partnerships and Collaboration, Strategic Priorities

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	DUE DATE
<p>7.1 Partnerships and collaboration with organizations: To strengthen collaboration and partnerships with regional economic organizations, health organizations, NGOs, CSOs, academia and other institutions to foster coordination in the implementation of the organizations' objectives</p>	<ul style="list-style-type: none"> • Established/renewal of agreements/MOUs with organizations such as SADC, Africa CDC, EAC, WAHO, IGAD, AUDA-NEPAD, institutions of higher learning 	<ul style="list-style-type: none"> • Expanded strategic partnerships supporting improvement of ECSA-HC programs 	Director General (DG), Director of Operations and Institutional Development (DOID), Director of Finance (DOF), Director of Programmes (DOP) and Managers and PCs	Q4 2026
<p>7.2 Establish collaborations with Private sector: To strengthen collaboration and partnerships with the private sector players to enhance capacities as well as provide resources to advance the organization's goals</p>	<ul style="list-style-type: none"> • Number of agreements signed with private sector players • Resources mobilized through private sector stream • Joint activities undertaken with private partners 			Q4 2029
<p>7.3 Partnerships and collaboration with Non-Member States: To strengthen collaboration and partnerships non-Member States institutions to foster coordination in the implementation of the organizations' objectives</p>	<ul style="list-style-type: none"> • Joint activities implemented through joint efforts including joint projects, working groups, and joint events. • Number of countries joining ECSA-HC 	<ul style="list-style-type: none"> • Increased programmatic interventions in non-ECSCA countries and enrollment into ECSA-HC membership 		Q4 2026

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	DUE DATE
7.4 Partnerships with Philanthropic organizations: to engage with philanthropic organizations to provide resources and	<ul style="list-style-type: none"> Increased funding and initiatives in the clusters/programs 	<ul style="list-style-type: none"> Expanded programs through provision of additional funding to ECSCA-HC 	DG, DOID, DOF, DOP and Managers and PCs	Annually by 30 Jun
7.5 Collaboration with development/funding partners: To expand the collaborations with funding partners	<ul style="list-style-type: none"> Number of development partners engaged annually 	ECSCA-HC	DG, DOID, DOF, DOP and Managers and PCs	Annually
7.6 Strengthen Expert committees and communities of practice: To support the knowledge exchange and policy agenda development	<ul style="list-style-type: none"> Experts committee meetings undertaken on annual basis Policy documents developed by the various expert committees 	<ul style="list-style-type: none"> Enhanced knowledge exchange through experts engagement 	Cluster managers	Q1 2025
7.7 Support implementation of resolutions passed by the health Ministers during their regular HMC meetings	<ul style="list-style-type: none"> Countries implementing resolutions passed over the period (review of different resolutions and countries progress) 	<ul style="list-style-type: none"> Improved health status of the people of the ECSCA-HC region 	KMME, Cluster managers, Management	Annually from Jun 2025
7.8 Support translation of the research findings, best practices and program experiences to regional policies	<ul style="list-style-type: none"> Policy briefs developed. Countries supported to adopt recommendations/lessons to develop policies on various areas 	<ul style="list-style-type: none"> Improved utilization of research finding to inform policy and programming 	KMME, Cluster managers, Management	Q2 2025
7.9 Best practices forum: to strengthen the convening of Best Practices forum	<ul style="list-style-type: none"> BPF conference conducted regularly at specific set dates Set of best practices established and packaged for adoption by Member States and partners 		KMME, Cluster managers, Management	Annually from Jun 2025
7.10 Strengthen Health Ministers Conference business: To facilitate setting policy agenda and review of implementation of passed resolutions	<ul style="list-style-type: none"> Resolutions on topical areas passed on specific policy areas 		DG; DOP	Annually from Jun 2025
7.11 Participate in regional and global fora to present the work of ECSCA-HC and contribute to the Continental and Global agenda (WHA, UNGA, Africa CDC, WHO, WAHO, meetings and fora etc.)	<ul style="list-style-type: none"> Dissemination of ECSCA-HC work to contribute to the regional and continental agenda 	<ul style="list-style-type: none"> Enhanced collaboration with other regional and global partners 	Management (DG, DOP, DOID, DOF) and Cluster Managers	Q3 2026

6.8 Objective 8 – Financial Sustainability

The strategic objective **to improve financial sustainability ECSA-HC Secretariat** is paramount for the organization's continued effectiveness and resilience in addressing the health challenges of the region. This objective encompasses several key elements aimed at enhancing the Secretariat's financial stability and ensuring its ability to fulfill its mandate efficiently. As highlighted by stakeholders, implementing diversified funding mechanisms is crucial. By broadening the funding base beyond traditional sources, such as member state contributions, ECSA-HC can reduce its reliance on a single revenue stream and mitigate the risk of financial instability. Exploring opportunities for grants, partnerships with development agencies, philanthropic support, and income-generating activities will be explored in this strategic implementation period to bolster the Secretariat's financial resilience.

Comprehensive fundraising strategies tailored to the organization's priorities and objectives will be developed. Cultivating relationships with potential donors, leveraging networking opportunities, and actively pursuing funding opportunities aligned with ECSA-HC's mandate are essential strategies for attracting financial support. The organization will promote cost-efficiency and financial accountability by adopting sound financial management practices, including budgetary discipline, expenditure tracking, and performance monitoring, ensures optimal use of resources and instills confidence among stakeholders. Transparency and accountability in financial reporting are critical for maintaining trust and credibility with donors and partners.

Table 10 Objective 8 – Financial Sustainability Strategic Priorities

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
8.1 Development of resource mobilization plan – Guide resource mobilization to achieve financial sustainability and effective delivery of our business	<ul style="list-style-type: none"> Strategic plan developed and implementation plan Draft resource mobilization plan submitted Final Resource mobilization plan approved 	<ul style="list-style-type: none"> Resource mobilization plan Implementation plan 	Director of Finance (FD)/DOP	Q1 - Jul 2024/25 Oct 2024/25 Q2 2024/25
8.2 Development of cost recovery policy – Ensure appropriate cost	<ul style="list-style-type: none"> Final Cost Recovery Policy in place 	<ul style="list-style-type: none"> Cost Recovery policy 	DOF	Q4 2024/25

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
recovery and apportionment to projects	<ul style="list-style-type: none"> Minimum of 10% of cost recovered from new grants 	<ul style="list-style-type: none"> Improved cost recovery for the organization 		Throughout the plan
8.3 Training and Consultancy policy and plan – Support and guide provision of training and consultancy services as a revenue stream	<ul style="list-style-type: none"> Development of training material Consultant engaged to assist with the training policy and consolidation of trainings on ECSA-HC platform Final policy in place Number Consultancies undertaken At least 5% annual revenue from training & Consultancies 	<ul style="list-style-type: none"> Policy in place and approved by the HMC Strengthened revenue stream for training & consultancy 	HSCD/DOP/BDU	Q1 2025/26
8.4 Determine resource requirement to implement the plan – Determine resource gap for the plan and guide resource mobilization efforts	<ul style="list-style-type: none"> Submission of cost estimates for all interventions in the strategic plan Cluster strategies developed and costed Identification of current & potential Funding sources (donor mapping) Improved resource base Annual reduction in resource gap Clusters 	<ul style="list-style-type: none"> Costed strategic plan Implementation plan 	DOF/DOP/All clusters & projects	Throughout the plan
8.5 Attract/mobilize new Member States to join ECSA HC - Ensure financial sustainability through membership contributions	<ul style="list-style-type: none"> Number of new Member States Amount of contributions from new Member States Review of assessed contributions every 3 years 	<ul style="list-style-type: none"> Increased new Member States & membership contribution 	DG/DOID/DOF	Throughout the plan
8.6 Maintain the existing Member States in order to have continued timely membership contributions	<ul style="list-style-type: none"> Contributions received by 30th September of every year At least 3 Member States visited annually Annual report disseminated to Member States 	<ul style="list-style-type: none"> Increased/maintained contributions from existing Member States at least 3 new member states joining ECSA-HC by the end of the SP. 	DG/DOID/DOF	Throughout the plan
8.7 Development of cost recovery policy – Ensure appropriate cost	<ul style="list-style-type: none"> Final Cost Recovery Policy in place Minimum of 10% of cost recovered from new grants 	<ul style="list-style-type: none"> Cost Recovery policy Improved cost recovery for the organization 	DOF	Q4 2024/25 Throughout the plan

STRATEGIC PRIORITIES	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
recovery and apportionment to projects				
8.8 Training and Consultancy policy and plan – Support and guide provision of training and consultancy services as a revenue stream	<ul style="list-style-type: none"> Development of training material Consultant engaged to assist with the training policy and consolidation of trainings on ECSA-HC platform Final policy in place Number Consultancies undertaken At least 5% annual revenue from training & Consultancies 	<ul style="list-style-type: none"> Policy in place and approved by the HMC Strengthened revenue stream for training & consultancy 	HSCD/DOP/BDU	Q1 2025/26
8.9 Strengthen financial management at ECSA HC – Ensure resources mobilized are utilized and accounted for the intended purpose in order to build trust with funders and partners	<ul style="list-style-type: none"> At least 2 capacity building initiatives for finance annually and 1 finance training for non-finance personnel ERP system adopted Number of professionally qualified staff increasing by 1 every year. Annual CPDs undertaken by all finance officers 	<ul style="list-style-type: none"> Digitization of Financial management and other business processes. Capacity strengthening Qualified staff 	BDU/DOF	Annually throughout the implementation period
8.10 Strengthen colleges of health sciences – Mobilize resources and strengthen value proposition for ECSA HC	<ul style="list-style-type: none"> ECSA-CHS Secretariat set up and resourced MoU signed with potential funder Development of source documents Develop the necessary documents for developing Ngaramtoni land such as a technical feasibility study and Master plan 	<ul style="list-style-type: none"> Phase 1 and 2 of Ngaramtoni Land developed (ECSA-HC owns land in Ngaramtoni) ECSA-CHS Secretariat set up with at least 1 staff recruited 	BDU/DOF	2027 and 2030
8.11 Acquisition of grant funding – Support the implementation of strategic plan	<ul style="list-style-type: none"> Number of proposals for grant funding submitted Number and size of new grants acquired 	<ul style="list-style-type: none"> At least 3 grants signed of more than \$1,000,000 	BDU/DOF/DOID/DG/DOP /MHSSD	Throughout the strategic plan period
8.12 Strategic Health emergency fund Reserve fund to support countries for health emergencies	<ul style="list-style-type: none"> Number of countries experiencing national health emergencies that are supported in response 			

6.9 Objective 9 – Corporate Governance

ECSA-HC is committed to establishing and upholding robust corporate governance systems at the Secretariat. As a fundamental pillar of our strategic objectives, we are dedicated to fostering a culture of excellence, ethical conduct, and responsible stewardship in all aspects of our operations. Pursuant to the objective **to provide oversight and implement good corporate governance systems at ECSA-HC Secretariat**, the following strategic priorities will be undertaken:

Table 11 Objective 9 – Corporate Governance Strategic Priorities

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
9.1 Corporate Structures – To maintain best practice corporate governance structures and drive strategy effectively.	<ul style="list-style-type: none"> Effective governance structures, with terms of reference, 	<ul style="list-style-type: none"> Compliance with good governance principles 	DG	Annually
9.2 Improve Visibility of ECSA-HC Establish Communications Unit Revise, update and implement the ACD strategy	<ul style="list-style-type: none"> Communications personnel recruited Percentage increase in funding Number of new partners and countries joining the Health Community 	<ul style="list-style-type: none"> Increased funding and partnerships 	DG/DOID/DOP/ DOF Managers CAO	2025-2029
9.3 Capacity Building for staff (Continue Professional Development) including on diplomatic matters - To invest and implement a comprehensive staff development program, including training on diplomatic matters	<ul style="list-style-type: none"> Improvement in employee performance linked to the skills acquired through training Number of staff trained Number of trainings conducted 	<ul style="list-style-type: none"> Enhanced operational efficiency and organizational performance 	DG/DOID/DOP	Annually
9.4 Establish Enterprise-wide risk and compliance management system - Recruit risk and compliance officer	<ul style="list-style-type: none"> Number of trainings conducted on risk awareness. Number of risks identified and mitigated 	<ul style="list-style-type: none"> Effective risk mitigation and full compliance to policies and processes 	DOID	2026
9.5 Review clustering of programmes as part of organizational restructuring	<ul style="list-style-type: none"> Number and range of services provided 	<ul style="list-style-type: none"> Improved efficiency in delivery of programmatic activities 	DG/DOP/DOID/ DOF/Managers	2025
9.6 Capacity Building for staff (Continue Professional Development) including on diplomatic matters - To invest and implement a comprehensive staff development program, including training on diplomatic matters	<ul style="list-style-type: none"> Improvement in employee performance linked to the skills acquired through training Number of staff trained Number of trainings conducted 	<ul style="list-style-type: none"> Enhanced operational efficiency and organizational performance 	DG/DOID/DOP	Annually

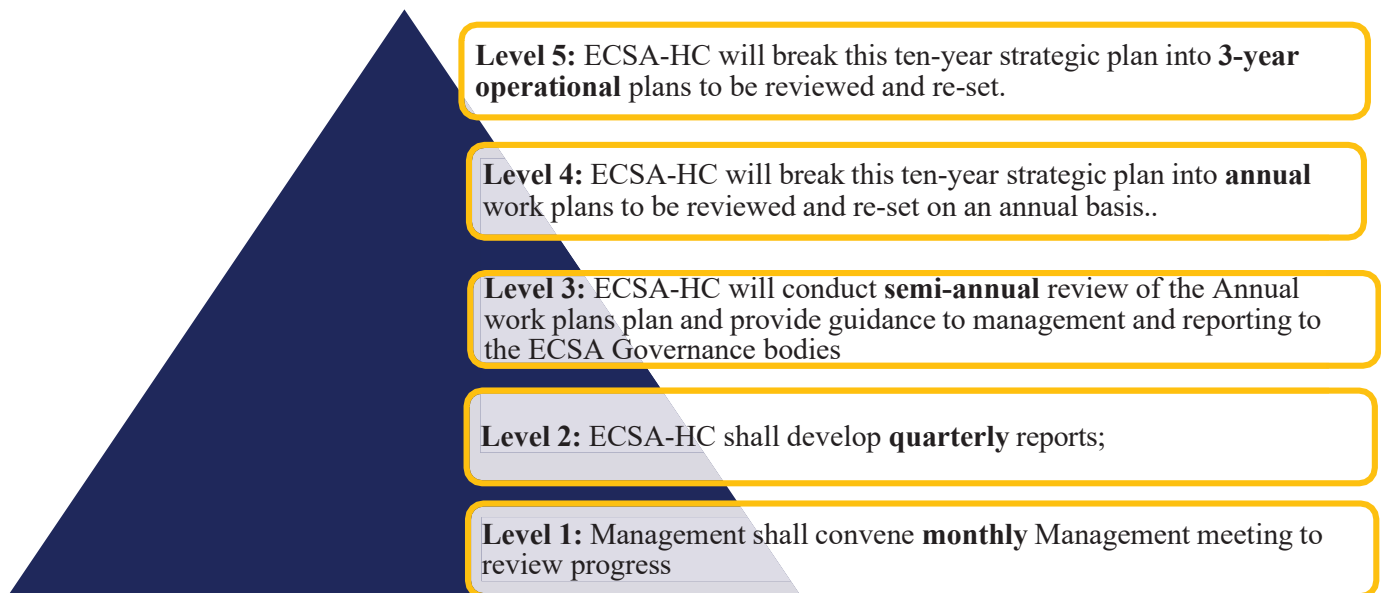
STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>Establish versatile management systems - Establish repository for institutional information (will facilitate smooth transition between team members) (HR)</p>	<ul style="list-style-type: none"> Number of users accessing the repository Number of materials archived User feedback 	<ul style="list-style-type: none"> Ease of access to information 	<p>DOID ICT</p>	<p>2025-2026</p>
<p>9.7 Review Organizational Structure - to ensure clear reporting lines, improved communication, and increased organizational efficiency</p>	<ul style="list-style-type: none"> Number of successful organizational adjustments made based on reviews 	<ul style="list-style-type: none"> An approved organizational chart/organogram with clearly defined reporting lines, streamlined communication channels, and documented processes for increased efficiency. 	<p>DG, DOID</p>	<p>2024-25</p>
<p>9.8 Establish Human Resources (HR) Unit - To create a dedicated HR unit to centralize and enhance HR functions.</p>	<ul style="list-style-type: none"> Fully established HR unit 	<ul style="list-style-type: none"> Creation of a dedicated HR unit equipped to centralize and enhance HR functions, including recruitment, training, performance management, and employee relations 	<p>DOID</p>	<p>2025</p>
<p>9.9 Automated performance management system - To automate the performance management system that aligns individual goals with organizational objectives for increased accuracy and efficiency.</p>	<ul style="list-style-type: none"> Improved efficiency in performance management process 	<ul style="list-style-type: none"> Deployment of an automated HR information management system that ensures efficient and accurate data management, streamlined processes, and improved access to HR-related information 	<p>DOID</p>	<p>2025</p>
<p>9.10 Establishment of an online Recruitment portal- To enhance the recruitment processes to</p>	<ul style="list-style-type: none"> Improved efficiency in the recruitment process Percentage improvement in the skill level of new hires after completing the training program 	<ul style="list-style-type: none"> A refined recruitment strategy, including updated job descriptions, targeted outreach efforts, and a comprehensive training program for new hires, resulting in a highly skilled and motivated workforce. 	<p>DOID</p>	<p>2024 – ongoing</p>
<p>9.11 Develop robust orientation program for onboarding of new staff</p>	<ul style="list-style-type: none"> Number of new staff oriented 	<ul style="list-style-type: none"> Familiarization with tasks and responsibilities and the general work environment 	<p>DOID</p>	<p>Annually</p>

STRATEGIC PRIORITY	KEY PERFORMANCE INDICATOR	OUTCOME	RESPONSIBLE	TIMELINE
<p>9.12 Entrenchment of a strong leadership and positive organization culture - To foster strong leadership and cultivate a positive organizational culture</p>	<ul style="list-style-type: none"> • Number of staff participating in culture-building activities aimed at fostering strong leadership qualities • Number of leaders who have completed leadership training programs. • Employee engagement scores reflecting the positive impact of culture-building initiatives. 	<ul style="list-style-type: none"> • Positive work environment - A workplace culture that values excellence, innovation, and continuous improvement, reflected in increased employee engagement, productivity, and overall organizational success. 	<p>DG</p>	<p>2025</p>
<p>9.13 Comprehensive review of conditions of service - To ensure competitive compensation and benefits packages for attracting and retaining staff.</p>	<ul style="list-style-type: none"> • Employee retention rates, Motivated workforce /staff 	<ul style="list-style-type: none"> • Competitive compensation and benefits packages designed to attract and retain staff while promoting employee satisfaction. 	<p>DG and DOID</p>	<p>2025-2026</p>
<p>9.14 Workforce provided with the necessary tools and resources to enhance r optimal performance.</p>	<ul style="list-style-type: none"> • Well-equipped workforce • Percentage increase in employee satisfaction with provided tools and resources. • Improvement in productivity linked to the availability of necessary tools and support systems. 	<ul style="list-style-type: none"> • Provision of necessary tools, resources, and support systems to empower employees to perform their roles effectively 	<p>DOID and HR</p>	<p>Annually</p>
<p>9.15 Centralize data management and transform ECSA-HC into a digital hub</p>	<ul style="list-style-type: none"> • Reduction in data silos and increased data sharing among departments • Number of data sets archived, shared, and utilized • User satisfaction with digital resources and data access • Data warehouse usage and data quality metrics 	<ul style="list-style-type: none"> • Streamlined operations, enhanced data-driven decision-making, and a robust digital repository created 	<p>ICT/DOID</p>	<p>2025-2027</p>
<p>9.16 Digital systems – To adopt appropriate modern technology to drive the business</p>	<ul style="list-style-type: none"> • Implementation and impact of advanced technologies (like AI) in health management • Recognition and certification for meeting international standards • ERP with CRM and accounting package in place 	<ul style="list-style-type: none"> • Improved organizational influence, performance, and alignment with global health priorities 	<p>ICT/DOID</p>	<p>2024 – ongoing</p>

7. IMPLEMENTATION, MONITORING AND EVALUATION

7.1 Implementation of the strategic plan

ECSA-HC has developed a simple but effective implementation plan comprising the following:



. 1 fig 6 Implementation of the strategic plan

7.2 Performance Management System

To achieve the strategic objectives in this strategic plan, a Results Framework will be developed based on the strategic priority areas from each objective. This framework is needed to allow ECSA-HC's management staff, governing bodies and other stakeholders to track progress from activities to results and, ultimately impact (achievement of the strategic vision).

At the ECSA-HC secretariat level, technical coordination will be provided by the Cluster Managers under the supervision of ECSA-HC's Director of Programmes. The human, material and financial resources' capabilities of the organization will have to be strengthened over the 10-year period, to oversee this ambitious regional strategy. Similarly, the Knowledge Management, Monitoring and Evaluation Cluster can be expanded and strengthened to better co-ordinate and monitor the plan.

7.3 Strategic Plan Implementation Monitoring Committee

ECSA-HC will appoint a strategy monitoring committee comprising three ECSA-HC managers and selected employee representatives on rotational basis, whose responsibility will be to oversee and report to the Board Directorate on implementation achievements, challenges and recommended solutions.

7.4 Performance Evaluation of Strategic Plan

ECSA-HC secretariat will set priorities for three years, that will translate to 3-year operational plans, complemented by the annual work plans. The organization will also conduct a mid-term review of the Strategic Plan.

8. RESOURCE MOBILIZATION PLAN

The Resource Mobilization Plan (RM Plan) sets out and guides the Secretariat's approach to secure funding for priority activities outlined in this Strategic Plan. It also presents the activities proposed to facilitate resource mobilization at the local, national, and regional levels. Resource mobilization is crucial for ECSA-HC to achieve its strategic objectives effectively and the RM plan, submitted as a separate document, delineates the strategies and tactics to be employed in mobilizing resources. These include diversifying funding sources, strengthening partnerships, and ensuring effective cost-management, prudent stewardship, and value preservation.

The key elements of the Resource Mobilization (RM) plan developed for ECSA-HC include:

- ❖ **Contingency planning** - Recognizing the potential for falling short of resource mobilization targets, the RM plan includes a contingency plan. This plan serves as a safety net, mitigating risks and ensuring continuity of programs even in challenging times.
- ❖ **Evaluation of Resource Mobilization Strategies** - Efforts will be made to evaluate the effectiveness of RM strategies in securing both financial and non-financial resources. Specific targets and timelines will be established, and progress will be tracked to ensure accountability.
- ❖ **Challenges in Resource Mobilization** - Potential challenges in the resource mobilization process are outlined, including shifting economic landscapes and evolving donor priorities. These challenges will be addressed with resilience and adaptability.
- ❖ **Partnerships and Collaboration;** Explore partnerships and collaborations with other organizations, institutions, and individuals to leverage resources and maximize impact.
- ❖ **Stewardship and Donor relations;** Develop and maintain strong relationships with donors and supporters, ensuring transparency, accountability, and effective stewardship of resources.
- ❖ **Communication and outreach;** Develop a comprehensive communication and outreach strategy to engage with potential donors and stakeholders, raise awareness about the organization's mission and programs, and build relationships
- ❖ **Capacity Building:** Invest in building the capacity of staff, volunteers, and partners involved in resource mobilization to enhance their skills and effectiveness.

Resource mobilization is essential for ECSA-HC to allocate adequate resources for implementing strategic objectives. The RM plan provides a roadmap for achieving this goal, with strategies in place to address challenges and ensure continuity of programs. Evaluation mechanisms will ensure accountability and effectiveness in resource mobilization efforts.



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