



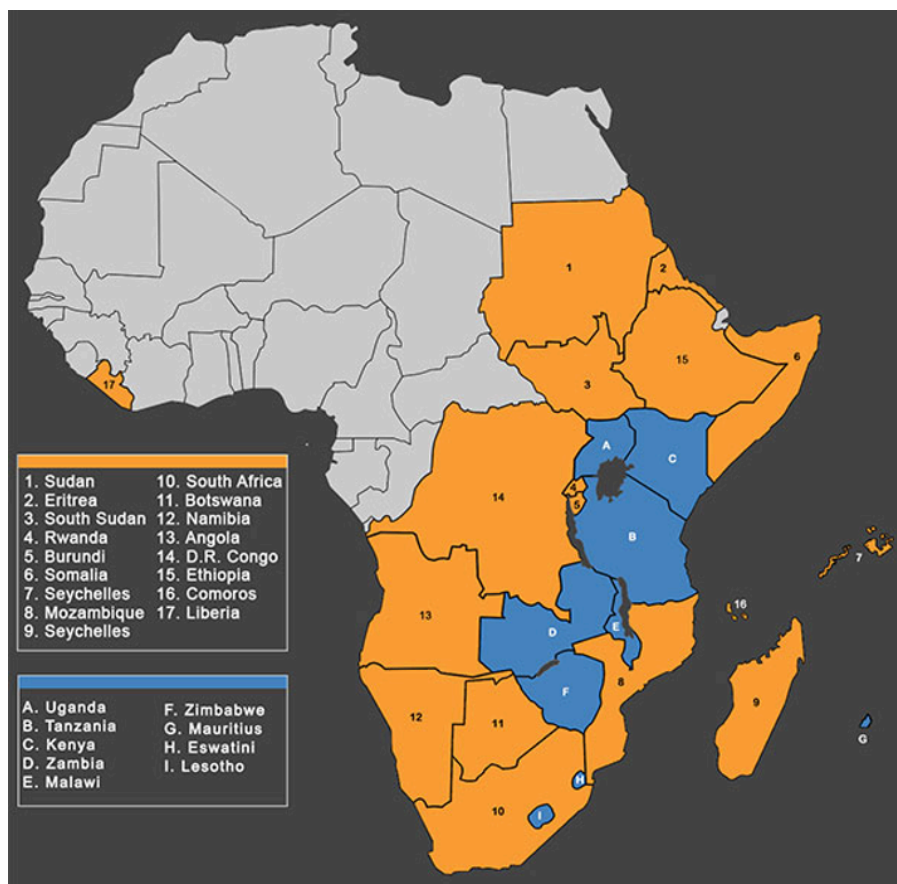
East Central and Southern Africa Health Community



VALUE PROPOSITION



ECSCA-HC





Mandate

The mandate of ECSA-HC is to promote and encourage efficiency and relevance in the provision of health services in the region.



Vision

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.



Mission

To promote 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.

1.0 Background

The East, Central and Southern Africa Health Community (ECSA-HC) is an inter-governmental health organization that fosters and promotes regional cooperation in health among member states. Member states of the ECSA Health Community are Kenya, Lesotho, Malawi, Mauritius, Eswatini, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

ECSA-HC was founded by Ministers of Health who felt the need for collective action to address health problems in the region to maximise the opportunities for cooperation. Moved by the growing burden of diseases and competing needs for limited resources in all member states, they saw the need for regional cooperation. The Ministers set up the Health Community and grounded on the belief that there were benefits in pooling knowledge, experience and efforts to meet the numerous challenges faced by individual member states.

“Not only must we stand together politically, but in all things that subserve the common good of our region, whether it be sharing technical know-how in appropriate fields or in the exploitation of greater social benefits for the betterment and well-being of our various populations”.

His Excellency The Right Honourable Prime Minister of the Kingdom of Lesotho, Dr. Leabua Jonathan, 4th Regional Health Ministers’ Conference, 1976

ECSA-HC serves as a critical partner and catalyst for improving health outcomes among the member states in the region working with various partners. By promoting regional collaboration, building capacity, and developing evidence-based policies, ECSA-HC contributes to the strengthening of health systems and helps achieve shared health goals. Further, the organization is strategically and uniquely placed in the region as the only Regional Health Organization providing support to member states in health-related matters. The organization enjoys high-level political support through Ministers of Health and Permanent Secretaries of Ministries of Health of the Member States. This is made possible through its governing bodies, Conference of Health Ministers, Advisory Committee and the Directors’ Joint Consultative Committee. In five decades, ECSA-HC’s programme portfolio has grown rapidly, from the original single focus on Food and Nutrition Program in 1979, to the current program areas targeting Family and Reproductive Health; Food and Nutrition Security; HIV/AIDS, TB and Other Infectious diseases; Health systems and Services Development; Human Resources for Health and Capacity Building; Knowledge Management and Monitoring and Evaluation.

Through these program activities and services, ECSA-HC has succeeded in providing leadership in promoting regional cooperation; and in developing, testing and disseminating new approaches, models and policies in health in the region.

ECSA-HC's regional approach to addressing national concerns has largely focused on complementing country led interventions aimed at reducing the burden of disease. Similarly to other regional bodies, we hold the view, that regional approaches are critical in addressing numerous challenges that transcend borders, in particular infectious diseases. For the past 50 years ECSA has served as an important vehicle for setting the regional health policy agenda and has further guided the setting of regional standards and policies including the harmonization thereof for sustainable development.

The activities of the ECSA-HC secretariat are funded through Member States contributions, donor funding, consultancy services by the secretariat experts and philanthropies

In the first two years of its existence, the Secretariat directed its attention to enhancing regional cooperation in the following fields;

- Training of teachers of all cadres of health personnel
- Textbooks and teaching materials for health personnel
- Postgraduate medical education
- Training of technical staff for maintenance and repair of medical equipment
- Training for management and administration of health services
- Wider utilization of visiting professors and consultants

As the years progressed ECSA-HC significantly contributed to a number of initiatives including the following;

1. Capacity Building

• Training in the Essential Nutrition Actions (ENAs), package of seven nutrition actions, covering infant and young child feeding, micronutrients and women's nutrition.

- Training of government officials in design of fortification programs
- Training on Fostering Change Approaches with stellar results in the area of Family Planning among students from Tertiary Institutions in Zimbabwe
- Training relevant staff from Member State Governments and civil society in resource tracking (National Health Accounts) and use of evidence in health policy and management

2. Development of Manuals, standards, policies, strategies, guidelines and curricular

- Nutrition and HIV/AIDS – Pre-service Manual for Nursing and Midwifery. Nursing and nutrition tutors from member countries use the manual as teaching reference material
- Standards for food fortification developed and adopted by most member states
- Food Control Manuals Developed and adopted by member states
- Nursing Strategy, Posting Policy and Recruitment Strategy for Lesotho MOHSW
- Wellness package, HIV and AIDS in the Work Place Strategic Plan for Eswatini
- Guidelines for the Clinical Management of Child Sexual Abuse
- Regional Prototype Gender Based Violence and Child Sexual Abuse Policy
- Regional Prototype Fistula Policy.

3. Implementing, scaling up and documentation of best practices

- Supported uptake and scale up of Focused Antenatal Care services and its incorporation into national Reproductive Health Policies in the region
- Documentation of best practices on retention of health workers
- Documentation of best practices on TB in the region


4. Improving the evidence base, resource tracking and resource mobilization


- Facilitated the establishment of national health workforce observatories
- Tracking of health expenditures using national health accounting tools
- Costing strategic plans and programmes, both as a means towards resource mobilization and efficient use of resources
- Facilitated the development of a regional core set of indicators for the ECSA region and a web-based database
- Produced report on 'State of Health in the ECSA region'

Since 2007, ECSA-HC has convened an annual scientific forum to review best practices in health care. The purpose of the forum is to share best practices and experiences in health care in the East, Central and Southern African region. The annual forum is normally attended by Directors of Health Services, Deans of Medical Schools, Directors of Research Institutions, Programme Managers, Senior Health Officials, Researchers and Health Professionals from the region. The Directors of Health Services, Directors of Research Institutions and Deans of Medical and Nursing Schools participate in the Forum and on the last day constitute the annual Directors Joint Consultative Committee (DJCC) which meets to consider and adopt the recommendations of the Forum. The recommendations are presented to the Health Ministers for endorsement. The forum provides a permanent mechanism for policy makers, health experts, researchers and health professionals to disseminate and share best practices in health care. The identification, documentation and dissemination of best practices, and utilization in decision making, and policy formulation and implementation contributes towards the attainment of the SDGs and other Regional and International Goals and is in line with objectives establishing ECSA-HC as enshrined in the Convention. Through this Forum, member states learn from each other and are able to expedite and scale up interventions in their respective localities.

2.0 Main achievements (recent)

In recent years, ECSA-HC implemented various interventions to support the national agenda of its member states. The table below provides details of the interventions implemented;

Intervention	Beneficiary Country	Funding Source
 Health Systems strengthening and governance		
<p>Health systems strengthening with focus on Health financing and universal healthcare (UHC): ECSA-HC has supported the following interventions (i)technical assistance for the design and implementation of national health accounts (NHA) surveys, including data analysis and the formulation of policy implications. This effort includes training of health economists who produce accurate health accounts that inform sound financing policies; (ii)technical support in the institutional design and actuarial assessment of the social health insurance scheme in Zambia;(iii) facilitated economic analyses to help policymakers understand high-impact interventions, and prioritize health systems strengthening efforts. This approach ensures limited resources are allocated to achieve maximum health gains, including the preparation of health benefit packages; (iv) promoted health economics capacity building and regional knowledge exchange to equip experts with the skills needed to synthesize evidence and present compelling business cases for health investments.</p>	<p>Member states: Uganda, Zambia Malawi, Eswatini, Mauritius and Zimbabwe</p>	<p>USAID, UK Government, Global fund and University of York</p>

Intervention	Beneficiary Country	Funding Source
<p>Platforms for regional dialogue, experiences sharing and joint policies: ECSA-HC as a specialised agency that provides an opportunity for the member states and partners to convene and among other aspects (i) develop policies on areas of common interest and health priorities in the member states; (ii) provides a platform for countries to share experiences, best practices, and innovative solutions to address common health challenges in the ECSA region (communities of practice, ECSA-HC expert committees); (iii) convening of ECSA-HC organs that brings together the member states to engage, share experience and provide direction for the good of the communities in the ECSA region (ECSA AC, DJCC, HMC).</p>	<p>Member states: All member states</p>	<p>Member states contributions, Various partners supplementary support</p>
 Health workforce development		
<p>Human resources for health (HRH) and human capital development: Considering HRH as critical for effective, efficient and responsive health systems, ECSA-HC has developed robust programs to enhance health workforce capacity and retention. Central to this effort is the ECSA College of Health Sciences (ECSA-CHS) Collegiate Training Model, a transformative approach that: (i) Specialized Health Professional Training: Through its eleven (11) constituent colleges, ECSA-CHS produces a wide range of specialists including surgeons, anaesthesiologists, pathologists, ophthalmologists, obstetricians and gynaecologists. The Collegiate model ensures standardized, affordable, and high-quality specialty training, enabling health workers to meet registration standards and deliver advanced care. (ii) The model is cost-effective for both students and governments, as students pay minimal fees, and specialists are trained locally, reducing HRH brain drain. Additionally, by focusing on underserved and rural areas, the program fosters retention of specialists in the hard-to-reach facilities, thus enhancing access to these specialised health services. (iii) Training specialists locally minimizes patient referrals abroad and reduces recruitment costs, contributing to more sustainable healthcare financing. (iv) support to member states in developing and costing HRH Strategies, establishing human resources information systems for better workforce management and implementing short-term training programs in various technical areas. (v) Digital learning expansion through the establishment of digital academy expands access to training opportunities in different technical areas across the region, bridging geographic barriers and building capacity. (vi) Research conducted by the constituent colleges fosters evidence-informed policies and practices, ensuring continuous improvements in healthcare delivery.</p>	<p>All member states</p>	<p>Irish Aid, Member states,</p>
<p>Specialist surgeons: COSECSA has produced 910 surgeons in the ECSA region increasing the workforce of these critical specialists in the following areas of specialization General Surgery, Orthopaedics, Urology, Paediatric Surgery, Otorhinolaryngology, Plastic Surgery, Neurosurgery, Orthopaedic Surgery (Paediatric Orthopaedic Surgery) and Cardiothoracic Surgery Over 1,100 specialists' trainees are in session</p>	<p>Member states: Kenya, Tanzania, Uganda, Malawi, Zambia, Zimbabwe, Eswatini, Lesotho</p>	<p>G4 Alliance, Irish Aid, The Beit Trust, Canadian Association of General Surgeons</p>

¹ Constituent colleges of ECSA-HC under the CHS - the College of Anaesthesiologists of East, Central and Southern Africa (CANECESA); the East, Central and Southern Africa College of Nursing and Midwifery (ECSACONM); the College of Surgeons of East, Central and Southern Africa (COSECSA); the East, Central and Southern Africa College of Physicians (ECSACOP); the College of Ophthalmology of East, Central and Southern Africa (COECSA); the College of Pathologists of East Central and Southern Africa (COPECSA); the East, Central and Southern Africa College of Obstetrics and Gynaecology (ECSACOG); the East, Central and Southern Africa College of Paediatrics and Child Health (ECSAPACH); the East, Central and Southern Africa College of Oncology (ECSACOG); the East, Central and Southern Africa College of Family Physicians (ECSA-CFP) and the East, Central and Southern Africa College of Public Health Physicians (ECSA-CPHP).

Intervention	Beneficiary Country	Funding Source
<p>Specialists under training Specialists in obstetrics and gynaecology workforce (200 trainees) to address neonatal and maternal mortality rates that are high in the region.</p>	<p>Member states: Kenya, Tanzania, Uganda, Zambia, and Zimbabwe</p> <p>Other countries: South Sudan, Rwanda</p>	<p>Irish Aid and anonymous donors</p>
<p>Specialist nurses: the college has launched training programs in Critical Care, Chronic Disease Management, Midwifery, and Neonatal Care, beginning with an initial cohort of 11 learners.</p>	<p>Member states: Malawi, Lesotho, Seychelles, Kenya, Eswatini and Mauritius</p> <p>Other countries: Rwanda</p>	<p>VAKA Health Foundation, Jhpiego, Council of International Neonatal Nurses and Amref</p>



Health services delivery - Medical and surgical camps

<p>Medical & Surgical Camps were conducted three years in a row from 2012 to 2014 mobilizing specialists through the ECSA colleges COSECESA, ECSACON, CANECSA and the Association of Obstetricians and Gynaecologists. Procedures undertaken included hip and knee replacements, prostatectomies, cholecystectomy, laparotomies, repair of obstetric fistulae, Maxillofacial and Orthopedics Surgery; urology cases, cardiovascular and gynecology case among others.</p> <p>Lesotho: Queen Mamohato Memorial Hospital, Maseru, Lesotho, 26 October-06 November 2012. A total of 25 specialists (7 specialist surgeons, 4 anaesthesiologists, and 12 specialist nurses). Sixty five patients benefited from the surgical procedures.</p> <p>Swaziland (Now Eswatini): A total of 39 Specialists (Anesthesiology, Obstetrics/Gynecology, Maxillofacial, Orthopedic/Spinal, Cardiothoracic/Vascular, Radiology, Urologist and Dermatology and specialized nurses in theater/critical care) participated in the camp conducted in three facilities i.e. Mbabane Government Hospital, Mankayane Government Hospital and RFM hospital on 20th-30th October 2013. A total of 519 operations and consultations were done (154 major and minor operations).</p> <p>Malawi: Thyolo District Hospital, Malawi 10th-15th November 2014 bringing together a total of 33 specialist doctors (General Surgery, Gynaecology, Orthopedics, Urology and Internal Medicine) and nurses from ten countries who conducted over 250 surgical procedures and consultations.</p>	<p>Member states: Malawi, Lesotho and Eswatini (specialists from all the MS and some non-MS)</p>	<p>Member states and Secretariat</p>
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Diagnostic capacities for diagnosis and monitoring of infectious and non-communicable diseases

<p>Strengthening laboratory capacity and diagnostic systems support: ECSA-HC has supported the following interventions: (i) capacity building on laboratory quality improvement and including training of technicians, mentors and auditors; annual audits using WHO Afro checklist (SLIPTA); and accreditation of laboratories and external quality assurance programs; (ii) capacity building in the maintenance and calibration of medical laboratory equipment to allow countries to service in-house their equipment this has eventually reduced dependency on other countries; (iii) build skills of laboratory experts in leadership & management to equip laboratory leaders with knowledge and skills for strengthening and sustainability of national laboratory systems; (iv) support for establishment of external quality assurance programs in the countries to periodically assess the quality of a laboratories' performance and achieve added confidence in patient test results; (v) strengthen biosafety and biosecurity through trainings, establishment of multisectoral committees; (vi) supported the resuscitation of laboratory capacity to diagnose leprosy through training of medical doctors and laboratory professionals, as well as provision of material for sample collection; (vii)</p>	<p>Member states: All member states</p> <p>Other countries: a special program providing country to country learning within the Africa region with ALL the ECSA-HC member states involved plus Rwanda, Guinea, Togo, Ghana, Benin, Chad, Niger, Sierra Leone, Ghana, Angola, Madagascar,</p>	<p>World Bank, Global Fund</p>
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Intervention	Beneficiary Country	Funding Source
 Health Emergencies surveillance, preparedness and response (Health security agenda)		
<p>Surveillance and Response of infectious diseases: ECSA-HC has supported member countries in the establishment and rollout of the Event Based Surveillance system (EBS) and adoption of the 3rd Edition of the IDSR to enhance the region's ability to detect, report, and respond to public health events in real time, significantly improving early warning and outbreak preparedness; (ii) trained frontline workers in Field Epidemiology and Public Health Emergency Management to increase a pool of epidemiologists; emergency preparedness and response: ECSA-HC has been on the frontline preparing countries and taking part in conducting Joint External Evaluations (JEE), State Party Annual Reviews (SPAR) and development of their National Action Plan for Health Security (NAPHS); (ii) risk assessment for major health emergencies and developing response plans and clinical guidelines for case management; (iii) testing these plans through simulation exercises, After Action Reviews (AAR) and Intra Actions reviews (COVID19, Cholera and Marburg). These enabled countries to analyze response effectiveness, address weaknesses, and integrate lessons learned into future preparedness and response strategies.</p>	<p>Member states: Kenya, Lesotho, Tanzania, Malawi, Zambia and</p> <p>Other Countries Rwanda, Burundi, DRC, STP and Mozambique</p>	<p>World Bank, USCDC, WHO and Universities</p>
<p>Cross-border surveillance and response to infectious diseases and capacity enhancement at points of entry: ECSA-HC has been able to support the countries to (i) undertake risk profiling at cross-border areas among member states and between MS and others on eminent hazards and diseases they are likely to be exposed to; (ii) based on risk profiles supported development of contingency/response plans; (iii) tested these plans through simulations to prepare the POE teams on how to respond should they be exposed to such health emergencies; (iv) undertaken joint planning following capacity assessment for international health regulations (IHR); (vi) established over 20 cross-border committees and communication fora (including WhatsApp platforms in which ECSA-HC moderates) through which cross-border teams are sharing emergency information.</p> <p>Some of the above are critical requirements for designation of points of entry by WHO.</p>	<p>Kenya, Uganda, Tanzania, Malawi, Zambia, Eswatini, Lesotho, Zimbabwe</p> <p>Other countries: South Africa, Ethiopia, South Sudan, DRC, Angola,</p>	<p>World Bank</p>
 Diagnostic capacities for diagnosis and monitoring of infectious and non-communicable diseases		
<p>Implementation of high impact TB interventions in the region: (i) ECSA-HC has supported SADC to develop the regional cross-border TB patient referral system, which will facilitate smooth patient referral across the border with the sole purpose of linking patient to TB service as the move from one country to the other in the SADC region; (ii) four countries supported under a specific project (SATBHSS project) recorded an improvement in TB treatment success rate from around 85% to over 90% at the end of the project as well as a significant increase in TB case finding, including the proportion that is bacteriologically confirmed TB; (iii) ECSA-HC established a TB quality improvement approach which proved pivotal in expansion the TB treatment coverage, this approach has been shared and institutionalized in Malawi and Zambia. The same can add value to other countries in ECSA-HC; (iv) Established a DR TB Consultative virtual platform that supported, all ECSA-HC Member States and allowing the countries share experiences to improve on TB indicators; (v) Several data quality assessment have been undertaken to help improve data quality in the TB programs critical to inform the performance. This coupled with the establishment of TB scorecard and estimation of TB burden at sub-national levels in the countries has additionally been valuable in designing relevant interventions informed by data.</p>	<p>Member States: Eswatini, Lesotho Malawi, Mauritius, Tanzania, Zambia, Zimbabwe, Kenya, Uganda</p> <p>Other countries: Angola, Botswana DRC, Mozambique, South Africa, Madagascar</p>	<p>Global fund, World Bank</p>

Intervention	Beneficiary Country	Funding Source
 Control and prevention of Antimicrobial resistance		
<p>Surveillance for Antimicrobial Resistance (AMR): as part of efforts to strengthen capacity for Laboratory Antimicrobial Resistance Surveillance ECSA-HC has been able to (i) support the development of Integrated Laboratory Surveillance Strategy for AMR; (ii) development of a Training Package and support training of health workers to Support Surveillance for AMR in human and animal health; (iii) undertake retrospective data collection on AMR resistance patterns and antibiotics use in public and private settings to guide on AMR surveillance interventions. AMR Stewardship (AMS) and rational use of antimicrobials: (i) worked with countries to develop regional and national AMS Guidance; (ii) developed documents to guide a standard approach of implementing sustainable AMS programs and supported selected countries to adopt and implement AMS in selected facilities; (iii) trained experts on rolling out AMS. In Kenya, an innovative model for rolling out AMS has been piloted using tele-stewardship mentorship and this model has been found to be effective and can be rolled out to other member states (partnership with Commonwealth Partnerships for Antimicrobial Stewardship, CwPAMS); (iv) Have been supporting advocacy and awareness efforts for AMR in various countries to rally support and financing for AMR</p>	<p>Member states: Eswatini, Kenya, Tanzania, Malawi, Uganda, Zimbabwe Zambia, Lesotho,</p> <p>Other countries: Rwanda, Burundi, Sao Tome & Principe (STP), Senegal, Burkina Faso, Sierra Leone, Ghana, Nigeria, Cameroon, Gabon, Mozambique (Tele-stewardship)</p>	<p>World Bank, Fleming Fund (African Society for Laboratory Medicine, ASLM and Global Health Partnerships , THET), American Society for Microbiology (ASM) through Pfizer</p>
 Addressing non-communicable diseases and malnutrition		
<p>Contributing to the reduction of malnutrition in the ECSA region: The secretariat has supported in developing packages that have been adopted in the region to support work on reducing malnutrition including (i) development of harmonized food fortification manuals, capacity strengthening for the food inspectors and laboratory personnel which were adopted by the member states and the regional economic bodies in the region (SADC and EAC) to inform the development of standards to combat micronutrient deficiencies; (ii) developed comprehensive nutrition training packages for in-service and pre-service to strengthen the technical capacity of front-line workers for the delivery of essential nutrition interventions; (iii) developed and disseminated to all nine member states the Regional Adolescent Nutrition Advocacy Strategy and supporting adoption of the strategy in all the nine MS to improve the nutritional status of the adolescents.</p>	<p>Member states: Eswatini, Kenya, Lesotho, Malawi, Mauritius, Uganda, Tanzania, Zambia, Zimbabwe (All member states)</p> <p>Other countries: Mozambique</p>	<p>USAID, The Global Alliance for Improved Nutrition (GAIN) and Iodine Global Network (IGN), World Bank, Nutritional International</p>
<p>Prevention and control on cancer using data: ECSA-HC supported countries to establish new population-based cancer registries with enhanced capacities to collect, analyse and share data on cancers and guide on the development of Cancer Control Strategic plans. Overall coverage by cancer registries increased from 6% in 2016 to 18% in 2019.</p>	<p>Member states: Kenya, Tanzania, Uganda</p> <p>Other countries: Burundi, Rwanda</p>	<p>World Bank</p>
 Research and data generation and utilization		
<p>Research and policy development: (i) ECSA-HC has supported countries in undertaking groundbreaking research in various topical areas either by providing technical assistance for independent countries research or multi-country studies. Example of one major study undertaken in Lesotho, Malawi, Zambia and Mozambique was to assess the economic case of investing in TB control interventions, key finding was in Lesotho for example, for each dollar invested, there was a return of up to 9 dollars; (ii) dissemination of findings through various platforms to help countries learn from the best practices and utilize the findings (publications and policy brief have been developed)</p>	<p>Member states: Lesotho, Malawi, Zambia, Kenya, Tanzania</p> <p>Other countries: Rwanda, Burundi, and Mozambique</p>	<p>World Bank</p>

Intervention	Beneficiary Country	Funding Source
<p>Dashboard and related initiatives: EECSAHC has supported the SADC region to establish a regional data repository for TB which is embedded on the DHIS-2 platform for sustainability. Main activities include i) revising the SADC TB M&E framework to include indicators on TB in the mines; ii) Training countries on the use of the systems; iii) supporting countries to upload retrospective TB data from 2020; iv) supporting countries to capture TB data on a quarterly basis and v) supporting countries to analyze the TB data which has led to the development of 3 annual SADC TB reports (2021, 2022, 2023). The reports have been submitted to the SADC Health Ministers Forum.</p>	<p>Member States: Eswatini, Lesotho, Mauritius, Malawi, Tanzania, Zambia and Zimbabwe</p> <p>Other Countries: Angola, Botswana, Comoros, the Democratic Republic of Congo, Madagascar, Mozambique, Namibia, Seychelles, South Africa,</p>	<p>The Global Fund</p>
<div style="display: flex; align-items: center;">  <p style="background-color: #0070C0; color: white; padding: 5px; border-radius: 5px;">Gender and equity mainstreaming in health</p> </div>		
<p>Gender, Equity and Inclusion: ECSA-HC supported the following interventions in advancing gender, equity and inclusion: (i) Conducting Community Rights and Gender assessments (ii) strengthening community reporting systems through Community Led Monitoring (CLM) initiatives (iii) Capacitate key stakeholders to understand the impact of gender, human rights and equity in the TB response (iv) GENPAR (Gender in Infectious Disease Epidemic Preparedness and Response) training. The purpose for these initiatives was to identify the social and economic barriers that are specifically faced by the Mining key populations in accessing TB services and capacitating the core implementation teams to understand the importance and impact of gender, equity and inclusion in health emergencies.</p> <p>6 countries have developed costed action plans that are integrated within their Ministry of Health's National Strategic Plans; 6 countries supported to customise or develop a OneImpact CLM platform; over 300 stakeholders capacitated to understand gender, human rights and equity consideration in the TB response and 32 project teams capacitated to understand the importance and impact of gender, equity and inclusion in health emergencies.</p>	<p>Member States: Eswatini, Lesotho Malawi, Mauritius, Tanzania, Zambia, Zimbabwe, Kenya, Uganda</p> <p>Other countries: Angola, Botswana, DRC, Mozambique, South Africa, Madagascar</p>	<p>Global Fund and World Bank</p>
<div style="background-color: #0070C0; color: white; padding: 5px; border-radius: 5px;">Technical expertise and consultancy support</div>		
<p>Access to pool of expert for technical assistance and peer learning: (i) the secretariat has a pool of experts that have been providing technical assistance and readily available to the member states on call to provide technical assistance any time on various health aspects among them includes (i) Health Economists; (ii) Medical Epidemiologists; (iii) Pharmacists/AMR experts; (iii) Laboratory Specialists; (iv) M&E and Knowledge Management Specialists; (vi) Internal Medicine specialists; (vii) Specialised nurses; (viii) ICT specialists; (ix) System designers and programmers – for developing APPs and digitizing health systems; (x) Finance management specialists (who can support the countries on costing strategic plans and other FM aspects; (xi) communication specialists.</p> <p>These experts have been supporting the countries and also engaged by other partners such as WHO, Africa CDC, ASLM to undertake consultancies and provide technical assistance together</p>	<p>Available for all the member states</p>	<p>Some of these positions are covered by the MS contribution s while others are covered by projects but available to support all the Member States.</p>

Intervention	Beneficiary Country	Funding Source
<p>Collaboration with other technical organizations</p> <p>ECSA-HC has been collaborating with other regional organizations contributing to the pool of experts supporting the countries in the region and beyond. For example, (i) ECSA-HC was engaged by the Africa CDC to operationalize the Regional Integrated Disease Surveillance Network (RISLNET) for Southern Africa and also contributed to the work in Eastern Africa; (ii) supporting roll out of cross-border initiatives in the various regions (Eastern, Southern and Northern Africa); (iii) expanding Event-based surveillance; (iv) regional risk profiling for priority diseases. ECSA-HC has similarly been collaborating with WHO to jointly support the Member states on (i) risk profiling, (ii) development of contingency plans, (iii) operationalizing the emergency operations centres and (iv) preparing clinical guidelines for management of emerging disease outbreaks</p>	<p>All member states and Non-MS</p>	<p>World Bank, Africa CDC, WHO (joint actions)</p>

3.0 Conclusion

ECSA-HC has a demonstrated track record in international cooperation in health and an extensive formal network of health, training and research professionals and institutions within the region. ECSA-HC's distinctive competence lies in its approach to programme and service delivery which emphasizes evidence-based technical advice, advocacy and capacity building.

The establishment of formal partnerships with Regional Economic Communities and other international bodies has not only improved the visibility of the organization regionally and globally but also enhanced synergies in implementation of programmes that are beneficial to member states.

The existence of ECSA-HC had undoubtedly changed and contributed to the healthcare landscape in the region hence the vision of its founders needs to be sustained.



Contact

East Central and Southern Africa Health
Community
Plot 157 Oloirien, Njiro Road
P.O.Box 1009, ARUSHA ,TANZANIA
Tel: +255 27254962
+255 272549365
Email: regsec@ecsahc.org
www.ecsahc.org