African Center for Global Health and Social Transformation (ACHEST)

Who we are and how we work
HPTT Consultation on SDGs,
Kampala,
13-14 October, 2016

Francis Omaswa,
Presentation

• ACHEST
• Case Study: Supporting Ministerial Health Leadership
• Mention similar process for Health Workforce
• Communication Strategy
ACHEST

• Think-Do Tank: registered 2005: Active 2008
• Born from local and global experience. African and internal promoters with hands on experience
• Africa to contribute better and gain more from global health
• Building Capacity and Synergies
• Equity, Social justice, evidence culture, African owned and driven, global partnerships
• Health governance, leadership, Health Workforce
• Secretariat: Ashgovnet, APHRH, AFREhealth
DOES ANY ONE CARE? IMPLEMENTATION QUALITY GAPS.

- "When I fall sick I just remain like that ... like an animal."
- We are resigned to death which is simply shrugged off: "his/her day has come", "God has called him/her" (UPPAS 2000)
- Quality gap: Access to care by all; All deaths accounted for
- Policies, technologies not implemented to scale;
- Leadership, governance and HRH most critical constraints
Supporting Ministerial Health Leadership: Project Purpose; Case Study.

• To assess the challenges and needs (including leadership development) of ministers and ministries of health in performing their health systems stewardship and governance functions.

• To develop an action plan to strengthen ministries of health
Key Findings

- Complex agenda: assessing health/services needs, priority setting, securing resources, develop and implement policy, health systems reform, internal and global initiatives, develop regulatory capability

- Significant challenges: high disease burden, resource limitations, inadequate information systems, decentralization, partnerships with competing priorities and power imbalances
Ministerial Turnover: Africa

Turn over of Ministers

- High: 52%
- Moderate: 39%
- Low: 9%
Potential Resource Organizations

- Academia – internal and external
- International Organizations
- NGOs
- Professional Associations
- Regional Organizations
- Think Tanks
- National Academies of Medicine/Science
Responsibility for Population Health

• Governments have ultimate responsibility and accountability for population health

• Global, regional and national recognition: UN/MDGs, WHO, AU, constitutions, health in all policies

• Implementation gap: underinvestment in people who make things work, available technologies, policies, resources

• Governments alone insufficient: need to work with ever increasing number of actors

• Stewardship, governance and leadership neglected
Taking Action: recommendations

• Based on data from minister and stakeholder interviews and supporting research and consultation activities, this report offers seven action items geared toward building a systematic and sustained program of support for health ministries. Recommendations and proposals provided address:
  – Leveraging existing UN management development resources
  – Country networks of expertise: HPRIs
  – Regional networks to support health systems stewardship and governance ASHGOVNET
  – A knowledge network for ministers: virtual resource center
  – Executive leadership development: induction, sitting MoH, staff
  – Advocating for the role of the health ministries
Areas of HRPIs in Kenya and (Uganda and from Mali)

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<tr>
<th>HRPI Category</th>
<th>Percentage in Kenya</th>
<th>Percentage in Uganda</th>
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<td>Health Development Partners</td>
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<td>Media</td>
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<td>Universities/Academic Institutions</td>
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Leadership Enhancement Initiatives

ASSESSMENT FINDINGS

IMPLICATIONS FOR THE CONCEPTUAL FRAMEWORK

To improve the results of Leadership Enhancement Initiatives, leaders and the organizations that assist them:

• Need strengthened strategic planning skills to be able to build upon existing Ugandan governance foundations.

• Capacity is not dropped down from above, it grows from what you already have. HRPIs exist.

• Need strengthened abilities to analyze and understand the systemic constraints that exist in the Uganda (political, social, cultural, resource factors) that hinder implementation.

• Locally relevant research, inform and inspire, perform
African Health Systems Governance Network (ASHGOVNET)

- Regional networks to support health systems stewardship and governance ASHGOVNET
- Launched 2010
- Bimonthly Blog, Dialogue space and Newsletter
- Meets every 2 years next meeting November 2016.
- Impact: African Voice
African Health Systems Governance Network
ASHGOVNET Newsletter
January, 2013

ASHGOVNet discussion forum

Over the last few months we have had interesting discussions going on, on this network and they have enlisted interesting and engaging comments. This issue captures some of your comments.

The Ebola menace persists, let’s stay on this topic

The October discussion topic was still on Ebola, since it had not slowed down on its murderous rage in West Africa. Below are some of your comments.

Community leadership

Dear Francis & Colleagues,

You have stated the issues very well and I want to comment on the proposal you made about local leadership. I wish to make the case that all countries in Africa need to establish Community Health Services in the context of which SUSTAINED local leadership is developed and sensitized to issues of health and epidemics.

This system is working in Ghana, Ethiopia, Kenya and is being developed in Zambia and in a number of other African countries. The attraction of this approach is that it provides health care personnel and SUSTAINED local leadership at all times.

The problem has been that there is very little funding support from the Global Health Community and so the approach is implemented in a piece-meal way.

Africa needs to make the case for support from the Global Health Community so that all African countries do establish COMMUNITY HEALTH SERVICES or COMMUNITY HEALTH AND DEVELOPMENT PROGRAM.

If this program was present in countries which are under the Ebola epidemic now, I believe that containment would have been achieved much earlier and the struggle would be very much less now.

Miriam Were

Educate the Public

Educating the public is vital to the efforts to contain Ebola or Marburg epidemics. The role of the media and community leaders in this regard is important. This is because of the sad reality that a large percentage of patients in Africa (especially rural) first consult traditional healers (including witch doctors) before reporting to hospitals. The initial ‘cause’ of ill health may be attributed to quite unrelated issues but which the patients and relatives will believe.

Some religious leaders also advise patients that prayer is enough to cure any illness! This leads to delayed diagnosis, dissemination of communicable diseases or even refusal to access available services. If possible therefore, health workers should collaborate closely with community/religious leaders, the media and traditional healers.

Grace Kalimugogo


John Donnelly

To read these and more comments go to:
http://www.achest.org/index.php?option=com_zoo&task=item&Itemid=89&Itemid=481
Work in Progress

• Annual Sessions with Ministers and Senior Officials through ECSA and WHO
• Knowledge network for ministers: Virtual Resource Center. Searchable data base.
• Engagement with AUC, WHO Afro, EAC, WAHO
• Handbooks for Parliamentary Health Committees and Senior Technical MoH staff
• South- South Cooperation with China
• National Health Assemblies in Uganda, Thailand, Brazil
• Health Worker Migration in Uganda and Nigeria
• Reforms of Regulatory Authorities in Uganda
MDG era: but words don’t always translate to action......

“24% burden of disease, 3% global health workforce”

Sources: WHR 2006; Global Health Observatory (2014 update)
O3: Strengthen capacity to manage – e.g. migration

2004: WHA57.19 – origin of the Code
2005: WHA58.17 – limited progress
2006: WHA59.23: Scaling up
      WHA59.27: Strengthening N&M
2006-9 ongoing development
2009: failed to pass the Executive Board
2010: WHA63.16 - Global Code adopted
2013: 1st Round of National Reporting
2015: 1st review of Relevance & Effectiveness
2015-6: 2nd Round of National Reporting
Other

• Health Sector Reforms in Uganda 1978 – 2012.
• Tracking Doctors in Uganda
• Convening: Ashgovnet, HRH, HPTTs