



The African Centre for Global Health and Social Transformation

ACHEST ANNUAL PERFORMANCE REPORT 2018 (Draft)

1st January – 31st December 2018

1.Introduction

The African Centre for Global Health and Social Transformation (ACHEST) is an initiative promoted by African and International leaders on Health and Development. It is an organization operating as a regional Think Tank with a defined vision, mission, strategy and set of core values.

1.1. Vision

Africa as a people driven continent enjoying the highest attainable standard of health and quality of life.

1.2. Mission

To promote social justice and equity through support of evidence-based and technically sound policies and strategies that are owned and driven by African populations themselves.

1.3. Strategy

To achieve our mission, ACHEST strategically:

1.3.1. Forges alliances and partnerships with individuals and organizations in Africa and around the world.

1.3.2. Conducts policy and strategy-oriented research focused on Africa's engagement with global partners in health, economic and social development

1.3.3. Promotes and advocates capacity development of African professionals and institutions to pursue excellence and to engage as leaders and active change agents in their communities, countries and the global arena.

1.3.4. Develops and implements strategic communications with African and global leaders' particularly civil society, policy makers and professionals.

2.0 Focus Areas of Work

ACHEST focuses on Health Systems Strengthening with three core areas of work.

2.1. Human Resources for Health

2.2. Leadership and Governance

2.3. Strategic Communication

2.1 Human Resources for Health

2.1.1 Study on HRH policy and regulation framework for medicines and health commodities

ACHEST finalized the study to assess HRH policy and regulation framework for medicines and health commodities in Uganda. Health workforce and access to essential medicines are two of the six core building blocks of a health system (World Health Organization [WHO], 2007). Pharmacy personnel are recognized as part of the health workforce and are essential to managing the supply chain of essential health commodities. Meeting a country's health goals, including access to essential medicines, depends on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering health services (WHO, 2010).

Findings
<ul style="list-style-type: none">• The Policy framework that created the National Medical Store and National Drugs Authority made it possible to have dedicated health supply chain professionals that ensure that Essential medicines and health supplies are procured, warehoused and distributed to health facilities. This removes the burden and need for highly specialized supply chain staff at district and health facility level.
<ul style="list-style-type: none">• The availability of similar specialized supply chain workforce at joint medical stores for faith based organisations and alternative distribution system for reproductive health commodities for the private not for profit is a good practice and better use of specialized health supply chain human resource
<ul style="list-style-type: none">• A regulatory framework for pharmacist, Pharmacy technicians, doctors, clinical officer and nurses exists. However, the Cold chain assistants/technicians, Stores assistants/officers and Supplies assistants/officers that play a central role in management of stock at health facility level are not regulated by the sector.
<ul style="list-style-type: none">• The MOH developed the Supervision, Performance, Assessment and Recognition Strategy (SPARS) guidelines and Implementation plan as a the strategy for EMHS supply chain capacity building. The SPARS framework among other best practices provides for reward for good performance that comes at a cost and currently being supported by development partners.
<ul style="list-style-type: none">• The staffing norms and recruitment of other cadres like the procurement assistants/officers, stores assistants/officers, supplies assistants/Officers are not mentioned in the Health Sector Development Plan (2016/17-2019/20) and the Pharmaceutical Sector Strategic Plan III.

Recommendations
<ul style="list-style-type: none">• The Health sector development plan envisages detailed review of the Health sector human resource by 2019. The job descriptions of health workers be reviewed to include EMHS supply chain functions. In addition, Uganda could borrow from Malawi and develop a certificate course for cadre of pharmacy assistants.

- There is need to undertake a comprehensive EMHS supply chain assessment using the Human resources development in public health assessment guide and tool. The comprehensive assessment would lead to the development of an EMHS supply chain human resource development strategy for Uganda.

2.1.2 Validation of Kajjado County MoH incentive framework.

The incentive framework was put in place to improve management and retention of HRH. The framework was launched on the 25th September 2018. MoH Officials, Intra Health, Amref and ACHEST employees were in attendance.



2.1.3 AMAMI/ACHEST in Malawi Commissioned a Meta analysis study on HRH

A Meta analysis study was done to identify critical areas and recommendations requiring action on the various HRH issues that will inform the research needs of the HSA Project for 2019. AMAMI also supported an HRH health financing meeting for stakeholders organized by Wemos in June, 2018.

2.1.4 CSO mapping and Capacity assessment on lobby and advocacy for HRH, Leadership and Governance in Tanzania.

CSOs mapping to determine their capacity on Health System Advocacy was conducted to 36 local CSOs and the report was submitted at the end of October, 2018.

2.2.5 Study on capacity of health training institutions to determine their capability on producing quality health workers.

This study was done to assess the capability of health training institutions for clinicians (at diploma level) in producing competent health workers. The institutions were assessed in terms of staffing, curriculum, infrastructure, equipment etc. The findings of this study were used to inform policy makers and advocate for improved quality of teaching and learning in health training institutions in Tanzania including the provision of appropriate infrastructure, deployment of competent tutors/instructors and capacity building in the instructional methods and skills.

2.2.6 ACHEST participated in G2H2 activities during WHO Executive Board, WHA and other on-going dialogue focusing on advocacy for HRH and Global and country health systems governance by sharing information relevant from country and regional engagements that leads to global behavior change on HRH and Health systems governance that support effective country programs

2.2.7 African Platform for Human Resources for Health (APHRH)

ACHEST is the secretariat of the APHRH and during 2018, preparations for the board meeting were undertaken.

2.2.8 Uganda Private Health Support Project (UPHSP)

ACHEST held a meeting on the 27th of February 2018 at Ridar hotel to harmonize the laws of Health Professionals. This was the last of the several meetings that took place in regards to the same. The final dissemination meeting and close out of the project took place on the 28th of February 2018 at Ridar hotel

2.2.9 WORLD BANK PROJECT

This project commenced on the 21st of November 2018. An inception workshop was held from the 3rd to 5th of December 2018 at the World Bank offices to share a prototype of the design of the system.

2.2.10. One ACHEST staff participated in the Bellagio Global Health Education Initiative to present on African Health Professionals Education Networks aimed at formulation of global health curriculum. Education is a critical entry point for the health work force which is pivotal in health systems strengthening.

2.2.11. Two ACHEST staff participated at the Consortium of Universities for Global Health (CUGH) and presented work on AFREhealth to bring global awareness on improving Health Professions Education in Africa. The theme of CUGH was "Health Disparities: Time for Action".

2.2 Leadership and Governance

2.2.1 Project Management

The Uganda Context established a Country Management Committee with a rotating Chair. During 2018 HEPS took over the chair and ACHEST has been pivotal in attending and supporting CCM. ACHEST has attended 12 meetings including CCM and other ad hoc planning meetings especially for the TOC review,

Mid Term Review planning processes aimed at maintaining momentum of the CMT. Likewise, in Kenya, Tanzania, Zambia and Malawi, similar arrangements were put in place.

2.2.2 Inter-sectoral Collaboration study on SDGs and SRHR

ACHEST conducted a study to establish the status of Inter-sectoral collaboration in Uganda to deliver on the SDGs and SRH services. This study explored issues of inter-sectoral collaboration in SRHR, with a special emphasis on legal and regulatory reforms required to help create an enabling environment for inter-sectoral action; as well as leadership and governance arrangements in place for smooth implementation of the legal frameworks.

2.2.3 Kajiado CSO network quarterly meeting:

The quarterly meeting was conducted aimed at strengthening Kajiado County Health CSOs. Partner updates, Introduction of African Centre for Global Health and Social Transformation into the network Members of the CSOs network steering committee



2.2.4 Mapping of CSOs and partners in RH, HRH,L&G in Malawi

This was carried out to assess their capacity with the aim of developing the necessary skills for lobby and advocacy in HRH, SRHR and Leadership and governance

2.2.5 HRH budget analysis in Tanzania

This activity was implemented to determine budget allocation for HRH recruitment and development. The findings from the presentation was shared with the parliament with the purpose of influencing increased budget allocation and disbursement

2.2.6. Support to Parliament

ACHEST in partnership with Amref and HEPS co-organized a fact-finding visit to the field with Members of Parliament. The fact-finding mission took place from the 4th to 9th July 2018 and was based on four objectives and these included: (1): To follow up on health worker absenteeism in an earlier research finding; (2): to ascertain stock levels for SRH commodities in the selected facilities; (3): to find out governance issues affecting the delivery of quality health care service; (4): and to assess the working conditions of health workers and its impact on quality of health service care provided.

The field visit followed a petition by a group of CSOs to the speaker of Parliament on the status of health care services that was tabled on 17th May 2018. The HSAP partners in Uganda therefore found it appropriate to support the legislators to carry out targeted visits to four sampled districts in the Central, Northern and Eastern regions and in the districts of; Bukedea, Lira, Mubende and Mityana.

2.2.7 Participated in the HRH TWG with MoH.

ACHEST participated in the TWG monthly meetings. Some of the outcomes include clearing HRH research proposals, Ministry reports on HRH recruitment, absorption of staff initially employed by development partners in the health care system.

2.2.8 ACHEST provided technical support to MOH in Kenya, Uganda, Malawi, Tanzania and Zambia to participate in the 3rd round of reporting on the WHO Code of practice on international recruitment of health personnel as part of evidence generation and review of the code. Uganda and Tanzania submitted the report, follow ups and support will continue in 2019. ACHEST continues to face technical challenges within the MOHs including availability of HRH updated information. ACHEST will continue ensuring that States/Countries submit the reports.

2.2.9 ACHEST conducted Bi-annual meetings of Africa context for program review, sharing and coordination. Two Programme review meetings were conducted in which Programme Focus areas were identified. The focus areas included the CHEW campaign, research, opening up spaces at the EAC and the AU

2.2.10 ACHEST supported WEMOS through the newly formed Global CSO Coalition on HRH to participate in the review of the WHO code on the migration of Health workers by providing them with regional and country Knowledge and evidence.

2.2.11 ACHEST supported the activities of the newly created global CSO coalitions on HRH and the Health Labour Market Hub of the Global Health Workforce Network so as to increase CSO advocacy space for better Health Governance. The hub organized a meeting in Ivory Coast on HWFA in which ACHEST participated.

2.2.12 ACHEST participated in the preparations and also attended the 2018 AFRE-Health symposium that took place in Durban, South Africa from the 6th -8th of August 2018. The

theme of the conference was “Towards Achieving Universal Health Coverage, Creating Synergies and Capacity through Education, Research and Quality Care

The Objectives of the Symposium were:

- To share experiences on research and education in health sciences on the move towards UHC.
- To promote the use of evidence in decision-making.
- To promote linkages with health systems and other initiatives.
- To launch the AFREHealth collaboration/initiative.

The ACHEST team conducted a workshop on “Health Workforce Migration: challenges to Africa and global health systems-Lessons from India, Ireland, Nigeria, South Africa and Uganda”. ACHEST organized a side event to advocate for HRH to promote SRHR including disseminating study findings of the “HRH for commodities” in the Africa region and also participated in 2 workshops titled “Time for Action: Gender Inequalities in Health workforce Education” and “AREhealth/CUGH Working Group(ACWG) Partnership, priorities and next steps”.

2.2.13 ACHEST participated and was a member of the organizing committee for the Network Towards Unity for Health (TUFH) conference that took place in Ireland in 16th-20th August 2018. The theme of the conference was Community Empowerment for Health-Mutisectoral approach. ACHEST presented a workshop on Empowering Women in health workforce leadership and was a panelist at the TUFH talks, a 3 minutes presentations by participants (like TED talks) that was followed by questions from a panel and later the audience. ACHEST contributes to the governance of the organization.

2.2.15 One ACHEST staff participated at the Round Table on Japan’s role in Advancing Global Health Agenda on SDGs. This meeting took place in Tokyo, Japan from the 5th to 8th September 2018

2.2.16 One ACHEST staff participated in the Nursing Now Campaign that took place in Qatar, Doha from the 13th to 14th November 2018.

2.3 Strategic Communication

2.3.1 AFRICA HEALTH JOURNAL (AHJ) <https://africa-health.com/>

ACHEST became the host publisher of the AHJ in 2018 and produced the October 2018 issue which has been disseminated widely. It is a review journal that translates research into practice and widely disseminates information even to those in hard to reach area with the aim of advancing SDGs and promoting UHC in Africa. It is a journal of continuing medical education information for physicians, policy makers and other health professionals in Africa. It is a powerful tool for dissemination of information and advocacy for health systems strengthening.

Africa Health’s readership spans the leading clinicians and policy makers across the public and private sectors of English speaking countries of Africa. This incorporates: Ministry of Health and leading hospital administrators - policy makers, Leading Non-Government Organisations (NGOs) - thought leaders, Head of hospitals and regional health authorities - the buying decision makers, Physicians, senior nursing staff and other paramedical personnel – the front-line delivery of healthcare, Major commercial houses and businesses - importing and distributing medical equipment nationally or regionally. In addition to our

African distribution, we have a broad base of international subscribers including institutions, agencies, government and individuals.

AHJ will continue to be published quarterly and will contribute to the advocacy aim of HSAP

2.3.2 Capacity Building

(I) ACHEST organized a capacity building work shop on Global Health Diplomacy (GHD) from 18th - 20th September 2018 at Country Lake Resort, Garuga, Entebbe in Uganda and was attended by 55 participants (27 females and 28 males) from Uganda, Kenya, Malawi, Tanzania, Zambia and Netherlands representing 31 CSOs, HSAP Partnership Desk, and the Media. There were also representatives from government of Uganda, Dutch Embassy, WHO, UN Women, inter-governmental agencies. The work shop provided an opportunity for participants to discuss selected issues in Global Health Diplomacy that specifically focused on SRHR, Health Work Force, Community Health Systems, Commercialization of health, Health promotion, Key issue in Global Trade and Health for developing countries and the WTO dynamics (TRIPS).

The objectives were for participants to:

- Appreciate the concept of GHD, institutions and current mechanisms that drive the regional and global health agenda.
- Relate and apply GHD to strengthen country work.
- Initiate a regional action plan on GHD for RMNCAH.



(II) Built capacity of Civil Society Organizations in Kenya on Smart Advocacy and Programmed Budget Making.

ACHEST built the capacity of 20 CSOs in SMART advocacy on Health. This training was aimed at creating an understanding of the budget cycle and strategies in budget tracking on health and also to learn how CSOs can partner in Smart Advocacy for improved health service delivery and financing.



(III) Built capacity of CSOs in Malawi on advocacy for HRH and SRH

ACHEST engaged and trained 22 participants from 13 CSOs in advocating for HRH and SRH. The training was aimed at building the capacity of CSO members to advocate for HRH and SRH. The session was jointly facilitated by AMAMI/ACHEST Malawi and Amref.

(IV) Built capacity of CSOs in Zambia on Lobby and Advocacy

The capacity building workshop took place in Ndola, Zambia on 25th September 2018 at Urban Hotel. The main objective was to build capacity and strengthen skills of CSOs on lobby and advocacy and to review the progress since the last similar training that was held last year. At this meeting, we were able to engage with the CSOs on the importance of holding the government accountable on the commitments they make at international forums and in the national documents. While ACHEST reminded the CSOs about the importance of collecting good evidence and also lobbying with the government officials, it was emphasized that this can be done at different levels: district, provincial and national level. MeTA reminded the CSOs about how they can contribute to the HSAP agenda. A total of 21 CSO representatives were in attendance. It was also agreed that the partnership would engage with the CSOs more as a partnership even though they are fonder of MeTA because of their history of working together. These were all from the Copperbelt region

It was concluded that HSAP need to engage the community leaders, Ward Councilors, Traditional leaders and CSOS that are working at community level. There's need to advocate for increased budget allocation for SRHR



(V).Built capacity of the Media in Zambia

ACHEST held a Media advocacy meeting with the Copperbelt Media. The meeting was held at Greek Olive Lodge in Kitwe on the 28th September 2018. This meeting was jointly funded by MeTA and ACHEST. It was recommended that the HSAP involves the tradition leaders in order to reach out to the rural communities without difficulties. Secondly, the Media should be engaged in most of the programmes for HSAP so that they are aware of whatever is happening.



(VI) ACHEST built the capacity of 2 CSOs to develop and submit credible abstracts for participation in lobby and advocacy at the Global HIV Conference leading to knowledge and information sharing so as to influence Global policies and mobilize resources at the global level. Three indigenous CSOs (NACWOLA, Naguru Teenage Centre and CEHURD) wrote, edited and submitted abstracts for the global HIV Conference.

2.3.3 ACHEST produced bi-monthly Blogs on HRH and governance issues in the Africa Region through the ASHGOVNET that aimed at promoting dialogue and participation resulting into better policies and practices in regional health development. 3 blogs were produced and the topics and details included:

- I. Call for indicators on people participation in health promotion for universal health coverage. The Astana, Kazakhstan 40th anniversary of the “health for all declaration” and the global conference on primary health care (PHC), 25th – 26th October, 2018 presented an opportunity for ACHEST to reflect on how we will monitor PHC especially its contribution to our progress towards achievement of health for all, UHC and SDGs.
- II. Health promotion indicators missing in the SDGs! Challenges faced by health systems in attaining the correct balance between maintaining inborn population health through health promotion, community participation and disease prevention on the one hand and treatment of diseases and illness on the other hand.
- III. African techno-professionals leading strategic purchasing solution. The potential contribution of our African techno-professionals to Africa’s transformation and to call upon this group to take our place as effective leaders where ever we are and at every turn. There is a critical mass of techno-professionals in most African countries and our time is now.

2.3.4 Participation in National and International Days

ACHEST commemorated national and international events i.e. Pre-eclampsia day, Women’s day (8th March 2018), Health Workers Week (2nd-8th April 2018), Midwives Campaign, UHC day, Nurses Day, Safe Motherhood event , to bring to attention HRH issues and call upon pen holders to action.

ACHEST organized a TV Talk show on NBS on Universal Health Coverage Day to share information with the public on the importance of the day in achieving SDG 3 and also participated in the Women’s’ day commemoration press conference organized by HEPS.

2.3.5 Participated at the Annual Scientific Conference in Kenya

This conference was on achieving Sustainable Development Goals through Innovative partnership. It was held at Tom Mboya Labour College, Kisumu and it enabled the partnership to showcase its work and network, interact with the key people and also network with other stakeholders which led to progress in the partnership

2.3.6 ACHEST attended a meeting of the Heads of State in Uganda where a position paper was presented.

2.3.7 ACHEST convened three meetings for the Steering Committee on RMNCAH coalition

2.3.8 Dissemination of Workload Indicator for staffing needs to advocate for redistribution and recruitment of health workers in Tanzania

As part of our continuous advocacy to influence availability of health workers, the government of Tanzania through the President’s Regional Office and Local Government recruited 6,180 health workers who were posted at health facilities throughout the country in the financial year 2018/19.

Sikika/ACHEST will now focus on using the Workload Indicator and for Staffing Needs (WISN) study findings to advocate for equitable distribution of the newly recruited employees. From the study findings, Sikika created social media messages designed to create awareness of the situation amongst the social media community and also reach directly to policy makers including the minister and deputy ministers of health who are very active and responsive on social media platforms. Sikika gave an opportunity to disseminate the report at the Medical Association of Tanganyika (MAT) on 24th October, 2018. Sikika will also use this technical forum to continue advocating for health workforce recruitment and equitable distribution using WISN report which is evidence based.

2.3.9 ACHEST made a submission of formal application to EAC Secretariat for more African indigenous CSO representation on the health policy TWG. This aimed at CSO empowerment and participation in shaping the regional health agenda. However, this is a long process as EANSACO has not reviewed and approved the Submission. This will be followed up in 2019

2.3.10 ACHEST supported East African CSOs to advocate for resumption of debate on the stalled Regional SRHR Bill legislation at the East African Legislative Assembly. ACHEST made submissions through a formal process for the resumption of the debate on the stalled Regional SRHR Bill legislation at the EALA. In Uganda, the Sexuality Education guidelines were launched by the Ministry of Education, however the Ministry of Education is still engaged with other sectors to agree on a common position as regards to the Packaging the contents of the bill. Tanzania however also raised a number of issues especially on access to FP Commodities by young people

2.3.11 ACHEST advocated for integrated PHC with active participation of communities as part of SDGs Goal 3 achievement delivering packages of services across sectors and with a clear role for Community Health Workers. The WHO Director General initiated a process to include the Health Promotion and Peoples Participation indicator in the SDG Goal 3. ACHEST held advocacy at the; WHA, World Health Summit and to the Government of Japan, the International Primary Health Care Conference and the Networks of African Parliamentary Committees on Health and the Uganda Parliamentary Health Committee. Inclusion of this indicator provided an opportunity for MOHs to actively engage communities in implementation and monitoring of health promotion and participation.

2.3.12 ACHEST participated at the World Health summit as a panelist on inequalities in accessing Health care so as to influence better global health policies.

2.3.13 Two ACHEST staff participated at WHA meetings as part of the Government of Uganda delegation. This enabled them to contribute directly to the debates and decisions by providing country and regional evidence that influence better country practices and policies on SRHR. ACHEST contributed to the various WHA activities and debates including the release of Lancet high level report on SRHR.

2.3.14. ACHEST convened a meeting with Parliamentarians of Uganda on achieving SDGs in Uganda through UHC.

ACHEST convened a half day meeting for the Parliamentary Committee on Health titled; Achieving SDGs in Uganda through UHC: Implications for Parliamentarians on 6th November 2018 at Imperial Royale Hotel, kampala, Uganda. The objectives of the meeting were: Call for multisector action in Uganda; Gain

a common vision on Universal Health Coverage (UHC); and Commit to integrated, people centered quality health services



3. RESOURCE MOBILIZATION

ACHEST continues to search the net for announcements of calls for proposals. During the year 2018, a number of proposals were written and submitted. ACHES managed to get 3 grants namely

- (i) World bank project. This was a continuation of the concluded USAID Uganda Health Support Programme
- (ii) HEPI Makerere University. ACHES won this grant in conjunction with Makerere University College of Health Sciences. ACHES role is to conduct an induction course for the intern doctors in Uganda
- (iii) HEPI Mozambique. ACHES won this grant in conjunction with Eduardo Mondlane University. ACHES is to conduct an induction course for the intern doctors in Mozambique.

4. PUBLICATIONS

Global health disruptors: The end of the cold war

<https://blogs.bmj.com/bmj/2018/11/26/global-health-disruptors-the-end-of-the-cold-war/>

Medical Education Partnership Initiative gives birth to AFREhealth

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30329-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30329-7/fulltext)

UHC: Are we putting too much emphasis on health insurance?

<https://africa-health.com/wp-content/uploads/2018/10/AH-OCT2018-lo-07-op-Okello.pdf>

Exploring regional approaches to Universal Health Coverage

<https://africa-health.com/wp-content/uploads/2018/10/AH-OCT2018-lo-13-Dambysa.pdf>

5. REVENUE SOURCES

HSAP.....4,796,637,439 shs

IDRC.....35,703,842 shs

World bank (contract was concluded in December 2018)