



**ECSA-HC**

*February 2010*

**Resolutions of the  
50<sup>th</sup> East, Central and Southern African Health  
Ministers' Conference**

**Serena Hotel, Kampala  
Uganda**

**15<sup>th</sup> - 19<sup>th</sup> February 2010**

## **Introduction**

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

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

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

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

**ECSA/HMC50/R4:** Improving the Capacity of HRH Departments

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

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

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

**ECSA/HMC50/R8:** Prevention of Non- Communicable Diseases

**ECSA/HMC50/R9:** Tracking Progress towards the MDGs

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

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

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

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

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

**Noting** that high levels of out-of-pocket payments for health are a financial barrier to use of priority services and consequently an obstacle to achievement of the health MDGs, and contribute to poverty and inequity;

**Concerned** with findings from national health accounts showing that out-of-pocket health expenditures in the ECSA region continue to be as high as 48% of total health expenditures;

**Recalling** that Resolution ECSA/HMC48/R1 Item 2 urged Member States to scale up efforts to support pre-payment and pooling of finances and equitable distribution of resources including social health insurance and community health financing mechanisms for sustainable funding of Primary Health Care;

**Considering** the diversity of demographic, economic, and health system characteristics among Member Countries;

**Noting** that the informal sector, defined as the economically active population operating outside the formal, taxable sector, is large, diverse, and includes populations that are able to contribute to financing health insurance based on their ability to pay.

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

1. Adopt pro-poor and equitable health insurance schemes tailored to their unique demographic, economic, and health system circumstances and integrated with their broader health financing policy.
2. Exercise their stewardship role and develop regulations to govern health insurance schemes that protect against exploitation and promote transparency, equity and financial sustainability.

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

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

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

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

**Aware** of the role of the health ministers and their senior leadership teams as stewards for the overall health of populations;

**Further aware** of the growing need to articulate key health issues affecting the region on the global health agenda;

**Recognizing** the importance of political and governance skills needed to align internal country resources within and beyond the health sector in each country;

**Further recognizing** the skills needed to identify the national health agenda and align external resources in support of this agenda;

**Aware** of the many leadership, stewardship and governance challenges health ministers and their senior teams face in balancing their roles between policy issues and technical issues;

**Recalling** the 48<sup>th</sup> Health Ministers' Resolution on Leadership and Management, that focused on the needs of middle management in the health sector.

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

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

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

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

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

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

**Aware** of the existence of a wealth of medical/clinical knowledge, technology, and experience to make substantial improvements in maternal and child health, reproductive health and family planning, HIV/AIDS, and other infectious diseases;

**Further aware** of the need to link technical knowledge and approaches to successfully implement and scale up changes in health care practices;

**Recognizing** that using evidence-based change practices can significantly increase the chances for success and sustainability as we introduce, adapt, apply and scale up health system and clinical practice;

**Further recognizing** that leadership and management skills are weak in Ministries of Health of most Member States;

**Noting** that involvement of the private sector is key to supplementing public health sector services and improve access to quality health services;

**Acknowledging** that the private sector plays a significant role in the delivery of health services in the ECSA region.

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

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

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

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

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

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

**Noting** that the HRH Departments/Units in the Ministry of Health play leadership and facilitative roles in moving forward HRH related actions;

**Appreciating** the commitment of Member States in passing a number of resolutions on various aspects of HRH development over the years;

**Recalling** the resolutions ECSA/HMC 46/R4 and ECSA/HMC48/R2 and R3 on strengthening HRH and Leadership;

**Concerned** with the slow progress in implementation of National Strategic HRH Plans.

### **Urges the member states to:**

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

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

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

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

### **The 50th Health Ministers Conference,**

**Appreciating** the political commitment of the member states as reflected in resolution ECSA/HMC44/R1, and resolution ECSA/HMC46/R4

**Concerned** with the high maternal mortality ratios, neonatal mortality from causes related to pregnancy and childbirth in the ECSA region;

**Further Noting** that the ECSA region is lagging behind in the implementation of the Maputo Plan of Action and the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

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

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

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

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

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

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

**Recognizing** the burden of HIV/AIDS, TB and Malaria to the social and economic status of ECSA Member States;

**Aware** of the increase in annual new HIV infection which continue to outpace the increase in the number of people receiving treatment;

**Recalling** global and regional declarations on reaching Universal Access in 2010;

**Noting** that the ECSA Health Community is facing increasing challenges in mobilizing resources to support the HIV/AIDS, TB and Malaria Programme;

**Further Noting** the value added by regional organizations in the area of coordination, collaboration, harmonization and tracking progress on regional and continental commitments by member states;

**Recognizing** the contributions of the Global Fund in providing the resources for the three diseases and health systems strengthening and the role of technical agencies including World Health Organization in providing support to access funding for HIV/AIDS, Malaria and Tuberculosis;

**Noting** the new initiatives in the Global Fund to streamline their operations for more efficient delivery of resources to Member States.

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

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

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

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



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

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

**Recognizing the** high rate of malnutrition in the region;

**Aware** of the consequences of malnutrition on socio-economic development;

**Further recognizing** that nutrition issues go beyond the health sector;

**Concerned** that nutrition is not receiving adequate attention and budget allocation;

**Noting** the existence of proven high impact interventions that can be delivered at scale.

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

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

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

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

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

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

**Recalling** all previous ECSA - HC and WHO NCDs resolutions, strategies and call of action adopted by ECSA Member States;

**Concerned** with the low priority given to NCDs by international, regional and national partners and stakeholders;

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

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

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

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

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

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

**Noting with** concern the weak Monitoring and Evaluation Systems to track progress towards meeting the MDGs;

**Acknowledging** the various strategies implemented by Member States in order to improve prospects of realizing the MDG targets by 2015;

**Cognizant of** the complex challenges facing Member States in tracking and reporting on progress on regional and international commitments;

**Noting** the 30th and 34th HMC resolutions on ensuring health equity and that it will be difficult and in some cases not possible to achieve the MDGs without reducing health inequalities.

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

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

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

1. Operationalize the ECSA Monitoring Framework and synchronize the system with that of other regional bodies e.g WHO, Africa Union etc.
2. Facilitate the setting up of a Regional Monitoring and Evaluation Expert Core Group by August 2010.
3. Accelerate the establishment of an ECSA Regional Database of core indicators.
4. Provide updated, complete and timely comparative data and briefs to Member States on progress towards meeting the MDGs.
5. Strengthen capacities and measures to monitor and report on progress in addressing inequalities in health.

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

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

**Recalling** ECSA Health Ministers Resolution, ECSA/HMC46/R7 on HIV and AIDS, TB and Malaria;

**Concerned** that Extensive Multi-Drug Resistant Tuberculosis (M/XDR-TB) poses a threat to global public health security and severely undermines efforts to reduce the global burden of TB;

**Aware** of the increase in annual number of new HIV infections which continues to outpace the annual increase in the number of people receiving treatment and high HIV and TB co-infection;

**Re-affirming** the importance of a collaborative approach in management and control of HIV and TB co-infection;

**Noting** the role of pharmaceuticals and medical supplies in combating the priority diseases;

**Further noting** the 19<sup>th</sup> Directors Joint Consultative Committee recommendations and that many of the ECSA Health Ministers Resolutions on HIV and TB are still pertinent and they still need to be addressed;

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

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

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

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

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

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

**Acknowledging** the contribution of Partners to gains in the health sector in the region;

**Appreciating** partners' commitment in strengthening health systems in the region through provision of technical, financial and moral support;

**Aware** of the existing health challenges and the need to increase investment in the health sector in order to accelerate the attainment of MDGs, regional, continental and international goals;

**Cognizant** of the critical role that technical and financial support of partners plays in the scaling up of health interventions towards the attainment of the MDGs and the need to sustain this support;

**Noting** with appreciation the continued support from partners to Member States and the ECSA Secretariat towards the Implementation of the resolutions of the Health Ministers' Conference, and regional and national programs:

1. Reaffirms its commitment to continue the implementation of agreed projects/programs of work with partners;
2. Commits to the strengthening of the coordination of partners at regional and country level;
3. Endeavors to ensure sustainability of programs supported by partners.

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

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

**Noting** with profound gratitude the acceptance by the Ministry of Health of the Republic of Uganda to host the 50<sup>th</sup> Health Minister's Conference;

**Impressed** by the excellent planning, coordination and preparations that went into all conference activities;

**Further impressed** by the rich culture and scenic beauty of the Republic of Uganda;

**Overwhelmed** by the hospitality and generosity extended by His Excellency the President of the Republic of Uganda and Government to the Ministers and their delegations, and all the participants;

**Recognizing** the sacrifices made by His Excellency the President of the Republic of Uganda and Government to ensure such a successfully organized conference:

1. Wishes to express profound gratitude to the President of the Republic of Uganda, His Excellency Yoweri Kaguta Museveni, the Government and the people of the Republic of Uganda;
2. Humbly requests the Minister for Health of the Republic of Uganda to convey the individual and collective gratitude of the Health Ministers and delegates, to the Right Honorable First Deputy Prime Minister, Republic of Uganda for opening the 50<sup>th</sup> Health Ministers Conference.