

**44th Health Minister's
Conference**

Arusha, United Republic of Tanzania

12-16th March, 2007



East, Central and Southern African Health Community

**Resolutions
Of The Conference**

Introduction

The 44th Regional Health Ministers Conference took place at the Arusha International Conference Centre from 12th –16th of March, 2007. The conference was officially opened by Hon. DR Mohammed Shein, the Vice president of the United Republic of Tanzania.

The meeting was attended by Hon Ministers of Health and senior officials from member states, Health experts, and collaborating partners. The theme of the conference was **“Scaling up cost effective Interventions to attain the Millennium Development Goals”**.

The conference approved and adopted the following resolutions based on the sub themes of the conference:

Resolution 1: Maternal/Reproductive, Newborn and Child Health

Resolution 2: Scaling Up Cost Effective Malaria Control Interventions in ECSA Region

Resolution 3: HIV and TB

Resolution 4: Injury Prevention and Control

Resolution 5: Prevention and Management Of Diabetes

Resolution 6: Enhancing the Performance of Health Systems to Accelerate Attainment of MDGs in ECSA Region

Resolution 7: Improving Human Resources for Health

Resolution 8: Monitoring and Evaluation

Resolution 9: Avian Influenza Preparedness and Response

Resolution 10: Control of Rift Valley Fever and other Emerging Zoonotic Diseases

Resolution 11: Injection safety

Resolution 12: Expression of gratitude to the Government and the people of United Republic of Tanzania

Resolution 1:

Maternal/reproductive, newborn and child health

Preamble

- **Recognizing** the slow progress towards attaining the health related MDGS and concerned about the persistently high death rates of mothers, newborn babies and young children in the ECSA region;
- **Aware** that gender based violence and unsafe abortions are still rampant in the ECSA region;
- **Reaffirming** the commitment of the Member States of the African Union to ensure universal access to comprehensive sexual and reproductive health services;
- **Recalling** resolution number eight of the 42nd Regional Health Ministers' Conference held in Mombasa Kenya, which emphasized the need to strengthen and implement policies and programmes that promote reproductive and child health services;
- **Further noting** that many of the recommendations in resolution no. 8 of the 42nd Regional Health Ministers Conference are still pertinent and that they still need to be addressed.

Member states are urged to:

1. Increase financial resources to implement the Roadmap for Accelerated Reduction of Maternal and Newborn Morbidity and Mortality by increasing the national budget allocation for health to at least 12% of the national budget as a step toward achieving the 15% target of the Abuja Declaration by **2009**
2. Ensure that by the **end of 2008** they have adopted annual national maternal and child health days to further highlight issues relating to maternal and child survival and raise awareness about simple, evidence

- based and cost effective solutions to reduce neonatal, child and maternal death.
3. Address the relevant human resource crisis as a matter of urgency by :
 - a) Increasing the number of skilled birth attendants (e.g. nurse-midwives, physicians and others) by at least 5% and equitably distributing them across the health system;
 - b) Enhancing the competence of skilled birth attendants through training and reviewing policies to enable midlevel cadres to perform procedures and provide services including active management of third stage of labour.
 - c) Initiating outreach programmes to rural health facilities as a strategy to improve quality of health services and increase demand for health services
 - d) Initiating continuous quality improvement programmes to improve quality of maternal and child health services.
 - e) Ensuring that at least **60%** of appropriate health cadres have been trained to enhance their performance and improve quality of maternal and child health services.
 4. Ensure that all health facilities have copies of policies, guidelines and service delivery standards and norms for maternal, newborn, and child health and further develop a plan to promote their utilization by end of **2008**.
 5. Promote the integration of reproductive health and HIV care services in accordance with national guidelines within a period of **three years**.
 6. Develop appropriate prevention and management programme for unsafe abortions?
 7. Develop or scale up implementation of adolescent health programs including addressing their sexual and reproductive health needs.

ECSA Secretariat is urged to:

1. Support capacity building interventions in the areas of advocacy, policy, strategy, and guidelines development, and strengthening of pre-service and in-service curricula within the **next two years**.
2. Institutionalize a regional revolving fund for bulk purchasing of vaccines and other non pharmaceutical supplies within 2 years
3. Conduct studies to assess health workers competences and health systems factors impacting on maternal and newborn outcomes with a view to designing quality improvement interventions in at **least two** additional countries by the end of **2008**;
4. Conduct studies to assess financial barriers that hinder access to maternity and post partum health care services in countries that have abolished cost sharing within **3 years**.
5. Offer technical support to member countries to enable them initiate continuous quality improvement programmes for maternal and child health services.
6. Advocate for support and mobilize resources to address issues related to maternal, neonatal and child survival

Resolution 2:

Scaling up cost effective interventions in Malaria control in ECSA

Preamble

- **Aware** that Malaria is the leading cause of morbidity and mortality in the ECSA region;
- **Noting** the previous resolutions and efforts to address burden of malaria in the region
- **Realizing** that the gap in responding to malaria problem in the region is the inadequate coverage and access to cost effective interventions among the poor and vulnerable groups,

Member states are urged to:

1. Develop competencies in leadership and management of malaria prevention and control at the service level to ensure better coordination and integration of activities.
2. **Actions should include to:**
 - a) Develop or adapt the WHO Competency Framework within **six months**;
 - b) Build the capacity of the existing and future workforce in the knowledge and use of the framework and the service guidelines associated with it;
 - c) Implement malaria control programmes according to the set standards; and
 - d) Monitor, evaluate and report on compliance with the standards of care for malaria.

- e) Develop a mechanism to ensure collection and timely reporting of RBM indicators annually to allow for comparable monitoring and information exchange between countries and regionally.
3. Strengthen supply chain management to increase access to medicines and commodities for comprehensive management of malaria within **one year**.
4. Strengthen/revitalize malaria public awareness and social mobilisations campaigns to empower and mobilise at risk populations to increase use and demand of malaria prevention interventions **within one year**.

The ECSA secretariat is urged to:

1. **Within 12 months**, conduct an assessment of progress of implementations of malaria interventions based on the resolutions from 36, 37, 38, 40th and 42nd Health Ministers' Conferences in ECSA member states.

Resolution 3:

HIV and TB

Preamble

- **Recalling** Resolution Number RHMC/42/R2 of the 42nd Regional Health Ministers Conference held in February 26th in Mombasa, Kenya
- Acknowledging the need to accelerate universal access to HIV/AIDS Prevention, Treatment, care and support
- **Recognizing** the high rates of HIV/AIDS and TB co-infection
- **Noting** the relationship between HIV/AIDS Alcohol and drug abuse

Member states are urged to:

1. Review current supply chain management for commodities used in the management of HIV/AIDS and TB patients in order to improve quality of care within **12 months**.
2. Integrate PMTCT programme in all hospitals at district level and in more than 50% of lower level health facilities by **December 2008**.
3. Ensure that every counseling and testing center is linked to a specific comprehensive HIV care center by **July 2008**
4. Develop HIV/AIDS workplace policies by **December 2008**.
5. Establish a multi-sectoral task force to develop policies that address the linkage between alcohols other substances of abuse within the national HIV/AIDS framework and begin implementing the policies by **2009**.

The secretariat is urged to:

1. Disseminate research findings and support development and implementation of comprehensive HIV/AIDS/STI workplace policies, by **July 2008**.

2. Explore and document research on MDR and XDR TB treatment and disseminate findings to all member states by **July 2008**.
3. Host a meeting of regional experts to review latest research findings on the role of male circumcision in prevention of HIV/AIDS and further advise on policy implication on HIV prevention by **June 2008**
4. Form a task force at ECSA to address the linkages between HIV/AIDS, alcohol, and substances abuse by **July 2007** and sponsor a regional meeting on alcohol, substance abuse and HIV/AIDS to advise on policy by **December 2007**.

Resolution 4:

Injury Prevention and control

Preamble

- **Aware** that injuries cause 40% of all deaths and that it is a silent epidemic in the ECSA region
- **Noting** the high incidence of road traffic, home and work related injuries;
- **Noting** that most injuries are preventable and
- **Further noting** that there are proven cost effective interventions that require Multi sectoral collaboration

Member states are urged to:

1. **By March 2008**, develop a strategy to train first responders in emergency care at each level of the health system
2. Advocate for the recognition of road traffic accidents and other injuries as important public health concern and facilitate the development of multi-sectoral injury prevention policies and actions plan to guide the implementation of cost effective interventions strategies by **2009**.

The secretariat is urged to:

1. Collect document best practices and research reports on cost-effective interventions for injury prevention and care, and share with member states by the **2010**.
2. Facilitate sharing of expertise and other resources when disasters occur in the region.

Resolution 5

Prevention and Management of Diabetes

Preamble

- **Noting** that Non Communicable Diseases (NCDs) and injuries represent 27 percent of the total burden of disease in sub-Saharan Africa
- **Further noting** that 66% of the deaths attributed to non communicable diseases occur in developing countries where those affected are on average younger than in developed countries
- **Alarmed** by the rising prevalence of Non communicable diseases especially diabetes, that are a consequence of evolving trends in demography and lifestyles, including those related to unhealthy diet and physical inactivity;
- **Recalling** resolutions **WHA51.18** and **WHA53.17** on prevention and control of Non-communicable diseases, and **WHA55.23** on diet, physical activity and Health;
- **Noting** that many of the member states have not developed strategies for prevention of diabetes and other non-communicable diseases;
- **Recognizing** that the epidemic has the potential not only to remove productive and experienced members of society but also to take away scarce resources from primary health services:

Member states are urged to:

1. Conduct an assessment using the adapted WHO tools to estimate the prevalence diabetes by **January 2008**.
2. Initiate public awareness campaigns on Diabetes and further develop comprehensive Diabetes prevention Strategies by **January 2008**.
3. Initiate screening programmes in schools, workplaces, and communities by **January 2009**.

4. Ensure that comprehensive diabetes care services are available (including the availability of drugs) in all hospitals by **December 2008**.
5. Review pre-service curricula to ensure that health providers acquire competencies in diabetes management within **2 years**.

The secretariat is urged to:

1. Undertake a study to explore mechanism of ensuring access to essential medicines for diabetes care in the region by **2008**.
2. Assist member states to develop diabetes prevention strategies within **next 2 years**.
3. Conduct research in sentinel project sites on awareness, economic impact, and prevalence of diabetes and its risk factors **by 2009**.
4. Develop a series of policy briefs, using programme results in ECSA, to advise policy makers over the course of **5 years**.

Resolution 6:

Enhancing the Performance of Health Systems to Accelerate Attainment of MDGs in ECSA

Preamble

- **Noting** that National Health accounts have been successfully used by member states to increase resource allocation and strengthening the stewardship role of the Government
- **Recognizing** that ECSA has potential for bulk purchasing of drugs and decreasing high drug costs
- **Further recognizing** that member states have started to implement performance based contracts and that the initiative could be strengthened through performance based financing
- **Noting** that member states are at different stages of implementing resolution 1 of the 34th HMC to institutionalize quality assurance at the provider, organizational and institutional level and Resolution 2 of the 40th HMC to strengthen quality assurance in procurement distribution and storage of commodities and drugs.
- **Further noting** that there is a need to enhance the stewardship role of the government in improving Quality of Health Services

The member states are urged to:

1. Accelerate the implementation of all previous resolutions that called for implementation of comprehensive strategies to strengthen health systems in the region.

2. Initiate a process to facilitate the purchase of essential drugs and medical supplies as a block within the ECSA member states in order to take advantage of economies of scale and bargaining power by **December 2008**.
3. Institutionalize the biennial National Health Accounts and allocate budget line for its implementation within **1 year**.
4. Strengthen Health Management Information Systems to improve programme planning for equitable decision-making **within 2 years** to help attain MDGs
5. Take actions in strengthening systems and structures for total quality management of health services at all levels in **two years**
6. To strengthen capacity building in leadership and management at all levels of the health system within the next two years

The Secretariat is urged to:

1. Undertake evaluation of Performance Based Health Financing models, to feed into future policy on Performance based financing within **two years**.
2. Take an inventory of systems and structures for overseeing total quality management (TQM) in the region and document different stages reached by member states within one year
3. Support member states initiatives in capacity building for leadership and management

Resolution 7

Improving Human resources for Health

Preamble

- **Recognizing** that the shortage of health workers is a global concern and that Africa suffers 25% of the global burden of disease but has only 3% of the global workforce and 1% of the resources spent on health; and further recognizing the additional disease burden as a result of HIV, malaria and TB
- **Recognizing** the importance of human resources in strengthening health systems and in successful realization of the internationally agreed goals contained in the United Nations Millennium Declaration;
- **Recognizing** the significant efforts and investment made by developing countries in training and development of human resources for health;
- **Further noting with concern** that highly trained and skilled health personnel from the developing countries continue to emigrate at an increasing rate to certain countries, which weakens health systems in the countries of origin;
- **Concerned** about the high morbidity and mortality of mothers, newborns and children;
- **Recalling** that the issue of human resources for health has been discussed at several ECSA health ministers' conferences and resolutions passed:
 - Resolution 3 of the 34th RHMC focused on improving conditions of service and protecting the rights of workers who emigrate
 - Resolution 2 of the 38th RHMC focused on improving quality of care by improving training of health workers
 - Resolution 3 of the 38th RHMC emphasized the need to improve retention of health workers

- Resolution 4 of the 38th RHMC was on improving leadership and governance for better health worker and health system's performance
- Resolution 3 of the 40th RHMC re-emphasized the need of focusing on retention, strengthening HR information systems and developing HR policies that are based on evidence
- Resolution of 4 of the 42nd RHMC re-emphasized the need of strengthening HRIS that would provide information for planning and development of HR as well as information on retention and migration
- **Noting** the work in progress on international labour migration by the International Organization for Migration, the Global Commission on International Migration, African Group and in other international bodies
- **Concerned** that the Human Resources for Health in member states are still insufficient in terms of numbers and skill mix because of internal and external migration,
- **Realizing** that disparities in remuneration and conditions of service are largely responsible for the increasing mobility of health workers;
- **Aware** that Human Resources Intelligence including sound Human resources information systems are weak in most of the member countries;

Member States are urged to:

1. Develop/revise National Human Resources strategies that address recruitment, motivation and retention of health workers and improve their productivity to include both financial and non-financial incentives by **end of 2008**.
2. Develop scaling-up plans for training, career development and support of middle level health workers by **end of 2008**, with the participation of professional associations and regulatory bodies.
3. Develop mechanisms to harness the potential resource in health workers from the Diaspora and retired workers by **March 2008**.

4. Support and endorse policies and protocols to manage and mitigate the costs of migration by **December 2008**.
5. Engage human resources needs in the region by the **end 2008**.
6. Support the ECSACON project entitled "Enhancing Midwifery Capacity to Reduce Maternal and Neonatal Mortality and Morbidity";
7. Support the ECSA postgraduate colleges of ECSACON, COSECSA by providing resources for recurrent expenditures and supporting the trainees undergoing training.
8. Facilitate the accreditation of COSECSA and other future colleges in various disciplines.
9. Develop mechanism for distribution of health workers that ensures equity at all levels of the health system by **March 2008**.
10. Strengthen/Establish National Health Workforce Observatories and ensure linkages to existing Human resources Information Systems and promote usage of common indicators by **December 2008**.

ECSA Secretariat is urged to:

1. Provide technical assistance to at least two countries to develop/revise Human resources policies and strategies by **end of 2007**;
2. Facilitate the process of planning and implementing the ECSACON project on "**Enhancing Midwifery Capacity to Reduce Maternal and Neonatal Mortality and Morbidity**" by encouraging partners to finance a post for a person to coordinate the project activities by **May 2007**
3. Document and disseminate current best practices and guidelines on legally binding bilateral agreements among member states and developed nations on the ethical recruitment of human resources by **June 2008**
4. Provide technical support to at least three countries to conduct country-specific studies on retention and migration by **end 2008**

5. Facilitate the establishment of National Health Workforce Observatories in all member states by **end 2008**.
6. Disseminate to member states the report of the African Group/World Bank that is reviewing Human resources for Health crisis.

Resolution 8: Monitoring and evaluation

Preamble

- **Noting** that the Monitoring and evaluation of resolutions passed at regional Health Ministers Conferences and sharing of information is generally weak;
- **Recalling and reaffirming** recommendation of resolution no1 of the 42nd Regional Health Ministers Conference that called for strengthening of Monitoring and evaluation system of the ECSA secretariat and further expressed the need to document progress of implementation of resolutions.
- **Concerned** that most countries have no mechanism or systems for following up resolutions passed by the Health Ministers Conferences

The member states are urged to:

1. Strengthen the Secretariat to develop capacity to conduct Monitoring and evaluation
2. Identify a focal person to coordinate Monitoring and Evaluation by July 2007

The secretariat is urged to:

1. Coordinate monitoring and evaluation
2. Promote sharing of information among member states

3. Develop a system for monitoring the implementation of resolutions passed by the Health Ministers conferences including tools and indicators to facilitate reporting by member states.
4. Review the status of the implementation of previous resolutions and report in the next Health Ministers conference.

Resolution 9:

Avian Influenza Preparedness

Preamble

- **Recognizing** the potential threat of Avian Flu and Human Pandemic outbreak to life and economies in ECSA;
- **Noting** that many of the member states have developed Avian Influenza and Human Pandemic preparedness Plans;
- **Further noting** the close contact between human and domestic poultry and the fact that migratory birds pass through the region;
- **Recalling** that some African states have already experienced outbreak of Avian Flu in poultry and confirmed deaths in human:

Member States are urged to:

1. Strengthen monitoring and evaluation framework including the setting of clear targets to guide the implementation of the Avian Influenza Preparedness and Response plans developed by member states within the next 12 months.
2. Approve and allocate budgets, as a matter of urgency, for the implementation of Avian Flu preparedness and response plans in situations where this has not taken place, **within one year**.
3. Develop and implement financial resource mobilization strategies to support the implementation of Avian Influenza plans by the **end of 2007**.
4. Integrate Avian Influenza surveillance into existing national disease surveillance systems by the end of **2007**

5. In collaboration with relevant sectors, adopt or develop legislative and regulatory framework, for containment and control of Avian flu outbreak **within 2 years.**
6. By **December 2008**, develop and implement communication strategies to increase awareness on Avian Flu and Pandemic Influenza.
7. In collaboration with other sectors, integrate an operations research component into existing preparedness plans in order to analyse and document better practices and lessons learnt **within 6 months.**

Secretariat is urged to:

1. Review existing Avian flu Preparedness and response plans from member states.
2. Work with member states to document and disseminate best AI practices and lessons learned within the next 12 months

Resolution 10:

Control of Rift Valley Fever and Other Emerging Zoonotic Diseases.

Preamble

- **Recognizing** that emerging zoonotic diseases are increasingly becoming global and regional health issue with potential to cause serious human and economic impact on society;
- **Noting** that there has been an outbreak of rift valley fever in Kenya and Tanzania that has led to deaths of people and animals;
- **Further noting** the negative economic impact in the affected regions;
- **Concerned** that some countries have not developed strategies for the control of zoonotic diseases; and
- **Recognizing** the need to strengthen collaboration between ministries of health and veterinary services as strategic step towards improving prevention and control of zoonotic diseases:

Member states are urged to:

1. To advocate for recognition of zoonotic diseases as serious public health matter;
2. Strengthen their disease surveillance system to enhance early detection and control of zoonotic diseases outbreaks of public health Importance;
3. Facilitate the development of a multi sectoral strategy for prevention and control of zoonotic diseases of public Health concern.

4. Provide to other member states information on their capacity for diagnosis, outbreak investigations and control of zoonotic diseases of public health importance.
5. Share with member states technical reports on any zoonotic diseases outbreaks occurring in the region and lessons learnt in order to strengthen the capacity for disease outbreak control within the region.
6. Build capacity for outbreak communication to support control of disease outbreaks.

The secretariat is urged to:

1. Support the building of capacity for outbreak communication within the region over the next 3 years.
2. Facilitate sharing of information with member states on disease outbreaks occurring in the region.
3. Develop inventory of capacity available within the region for detection and control of zoonotic and other emerging diseases by **Dec 2007**.

Resolution 11:

Injection Safety

Preamble

- **Recognizing** that injections are the most common medical intervention and provide the foundation of delivery of most healthcare programmes in developing countries;
- **Recognizing** the health burden caused by unsafe injection practices, especially the transmission of HIV, Hepatitis and other blood-borne pathogens;
- **Aware** that injections are often over-subscribed;
- **Observing** established WHO principles on injection safety;
- **Noting** that for injection safety to be effective it must apply to all types of injections (immunisation and curative services); and that it must be operated on a national scale;
- **Reaffirming** the progress made to date in injection safety programmes in member states;
- **Further noting** that there are cost effective interventions to address injection safety.

Member states are urged to:

1. To implement, support or scale up existing comprehensive injection safety programmes, by November 2009.
2. These programmes should include four complementary components at levels that correspond to country needs:

- I. Injection safety devices: supply adequate levels of safe injection devices, to ensure appropriate use.
 - II. Sharps waste disposal: appropriate management of infectious sharps waste.
 - III. Healthcare worker training: provide continued training on safe injection practices.
 - IV. Public information: to decrease demand for unnecessary injections and instill awareness of safe injection practices.
3. Ensure appropriate quality safe injection devices through the adoption by the National Regulatory Agencies of international standards on product quality (ISO 7886:1-4 and WHO PQS where relevant), within the same time frame as above.
 4. Support the implementation of, or introduce, national policies on injection safety by November 2007.

ECSA Secretariat is urged to:

1. Host a forum of participating ECSA member states to share and discuss key points of programme implementation.
2. Facilitate communication among key stakeholders.
3. Consider linkages to other ECSA activities, such as proposed regional revolving funds or other activities related to ensuring affordable continuous supplies

Resolution 12:

Expression of Gratitude to the Government and the People of United Republic of Tanzania

Preamble

- Noting with profound appreciation the acceptance by the Ministry of Health of the United Republic of Tanzania to graciously host the 42nd Regional Health Ministers Conference;
- Deeply aware of the extensive and elaborate planning, coordination and preparations that went into all conference activities;
- Remaining forever grateful for the very warm hospitality extended to all Ministers and their delegations;
- Appreciating the excellent arrangements that were put in place during the entire conference by the Government and people of the United Republic of Tanzania;

The 44th Regional Health Ministers conference:

1. Wishes to express its gratitude to the Government and the people of the
2. United Republic of Tanzania Humbly requests the Minister of Health of the United Republic of Tanzania to convey the individual and collective gratitude of the Ministers and delegates to His Excellency, Jakaya Kikwete, President of the United Republic of Tanzania.