East, Central and Southern African Health Community

Resolutions of the 52nd Health Ministers Conference

Meikles Hotel, Harare, Zimbabwe

25th - 29th October, 2010

Theme

Moving from Knowledge to Action: Harnessing Evidence to Transform Healthcare.

The 52nd Health Ministers Conference took place from 25th to 29th October at the Meikles Hotel, Harare, Zimbabwe, under the theme: ***Moving from Knowledge to Action: Harnessing Evidence to Transform Healthcare,*** and made following resolutions:

Resolution ECSA/HMC52/R1: Evidence Based Policy Making

Resolution ECSA/HMC52/R2: Universal Health Coverage

Resolution ECSA/HMC52/R3: Maternal Child Health/Reproductive Health/Family Planning

Resolution ECSA/HMC52/R4: Gender Based Violence and Child Sexual Abuse

Resolution ECSA/HMC52/R5: HRH Leadership and Management for Quality Health Services

Resolution ECSA/HMC52/R6: Prioritising Nutrition Interventions

Resolution ECSA/HMC52/R7: Strengthening Monitoring and Evaluation systems

Resolution ECSA/HMC52/R8: Strengthening Response to MDR and XDR

Resolution ECSA/HMC52/R9: Strengthening Partnerships for health

Resolution ECSA/HMC50/R1: Evidence based policy making

The 52nd ECSA Health Ministers' Conference,

Concerned by the persisting gap between knowledge on what works and what is actually done;

Aware of the need for properly planned and executed implementation research, with emphasis on initial understanding, programme design, programme implementation and impact of a given policy, program or intervention;

Noting the existence of evidence-based high impact interventions for both communicable and non-communicable diseases; and **recognising** the need to introduce and scale up such proven high impact interventions;

Noting the persistence of implementation gaps in spite of available evidence based policies on high impact interventions;

Further recognizing the multiplicity of factors that influence policy dialogue;

Mindful of the critical role played by clinical champions or advocates, researchers and policy makers in influencing use of research evidence for policy making;

Cognizant of the limited use of locally generated evidence to influence policy within the region;

Concerned that little innovative research and development happens in our region, even on problems that are highly prevalent in our countries, and **fully aware** of the growing need to strengthen innovative research and development for essential drugs, vaccines and diagnostics in the ECSA region;

Noting the limited involvement of regional bodies, including ECSA HC, in the knowledge translation process and use of research evidence to improve health sector performance; and

Determined to ensure that the body of evidence generated within member states influences policy towards action for the transformation of health care in our countries:

Urges Member States to:

1. Promote, support and advocate for implementation research on approaches to introduce and rapidly scale up high-impact interventions to achieve MDGs through involvement of implementers and policy makers in the research process from initiation to implementation;

2. Promote use of evidence in decision making and policy formulation;

3. Strengthen policy to promote innovation in Research and Development in priority areas such as essential drugs, diagnostics and other health products;

4. Strengthen or establish a formal mechanism to bring together all in-country stakeholders, including researchers, trainers, academics, programme implementers,

intended beneficiaries and the policy makers to meet and review evidence for policy making and implementation strategies before plans for the subsequent year are made;

5. Strengthen national research priority agenda and ensure it is aligned to disease burden with available resources, and accountability mechanisms in the policy making process and the conduct of implementation research; and

6. Establish a centre for the documentation, monitoring and evaluation of health research conducted within the country.

Directs the Secretariat to:

1 Coordinates linkage of all the documentation centers for health research within the region;

2 Conducts an assessment of success factors for using evidence in policy making and programming by September 2011;

3 Supports member state collaboration to promote innovation in Research and Development in priority areas such as essential drugs, diagnostics and other health products;

4 Work with member states to identify and/or strengthen centres of excellence for collaboration on priority issues in the region;

5 Supports and facilitates the dissemination of knowledge translation products from implementation research within the region;

6 Mobilises resources to support member state efforts the utilization of evidence for policy making, including implementation research, scale up of high impact interventions and adaptation of effective interventions; and

7 Supports and advocates for stronger leadership to ensure that performance improvement approaches are institutionalised.

Resolution ECSA/DJCC20/R2: Universal Health Coverage

The 52nd ECSA Health Ministers' Conference,

Recalling Resolution ECSA/HMC50/R1 which urged member states to develop context specific mechanisms for pre-paid health financing mechanisms, including social and community health insurance;

Considering the growing global movement towards universal health coverage that encompasses health insurance;

Aware that the next World Health Report (WHR 2011) will be devoted to the issue of universal health coverage

Further aware that other regions have started addressing the issue of universal health coverage, for instance through appropriate resolutions strategic plans

Recognizing the opportunity to leverage resources for equitable access to health services that is provided by the global movement towards universal health coverage:

Urges Member States to:

1. Engage with the international community/global movement towards universal health coverage in order to mobilise the necessary technical and financial resources for accelerating the implementation of Resolution ECSA/HMC50/R1.

Directs the Secretariat to:

1 Supports Member States in engagement with the international community on universal health coverage

2 Tracks, documents, disseminates and facilitates the sharing of information on developments towards universal health coverage

Resolution ECSA/HMC50/R3: Maternal Child Health/Reproductive Health/ Family Planning

The 52nd ECSA Health Ministers' Conference,
,

Recalling that the issues of improving maternal health and preventing both maternal morbidities and mortalities have been discussed at various ECSA Health Ministers' Conferences, with resolutions at the 26th RHMC of 1997; and Resolution RHMC32/R1, Resolution RHMC40/R2, Resolution RHMC 42/R8 Resolution RHMC32/R1, Resolution RHMC40/R2, Resolution RHMC 42/R8, Resolution RHMC42/R9, Resolution ECSA/HMC44/R1, Resolution ECSA/HMC46/R3, Resolution ECSA/HMC48/R1 and Resolution ECSA/HMC48/R5;

Acknowledging the devastating impact of obstetric fistula on the lives of girls and women; and **recognizing** that obstetric fistula is still largely neglected in developing countries, including in the ECSA region;

Cognizant of the fact that obstetric fistula still exist in low resource countries due to failure of health care systems to provide accessible, quality maternal health care services including family planning, skilled birth attendance, basic and emergency obstetric care and affordable treatment of obstetric fistula;

Aware of the impact of social and cultural systems that fail to provide safety nets for girls and women; and that women in low resource countries continue to endure conditions that are preventable and treatable;

Concerned that efforts at international, regional and national levels on fistula prevention, treatment and care remain sporadic, uncoordinated and with inadequate resource allocation;

Gratified to note the Model Fistula Policy for ECSA Health Community which was launched by the Chairman of the ECSA Conference of Health Ministers on 28 October 2010;

Recalling the previous resolutions on family planning, especially ECSA/HMC48/R5 and ECSA/HMC46/R4;

Acknowledging that high impact family planning interventions have been identified at global level and that they can be applied at regional and national levels;

Noting the inadequacy of appropriate services for adolescents and youths, and yet these are among the populations most vulnerable to unwanted and unplanned pregnancies and HIV infection; and

Recognizing the growing body of evidence in support of specific task shifting to meet family planning demand, particularly in hard to serve areas, and that long acting methods are effective in improving access and meet the demands:

Urges Member States to:

1. Adopt/adapt the Model Fistula Policy and translate it into effective programmes for implementation, including the establishment of multi-sectoral structures, as appropriate;

2. Develop a comprehensive training programmes at pre and in-service levels to address issues of stigma, attitude, client care and quality service provision putting into consideration the cultural/traditional concerns;

3. Accelerate implementation of Resolution ECSA/HMC48/R5 which comprehensively addressed issues of task shifting to address unmet family planning needs, unsafe abortion and post abortion care;

4. Develop mechanisms for the evaluation and use of cost effective, long acting family planning methods;

5. Develop guidelines and standards for delivery of family planning services in underserved/hard to reach areas;

6. Link the best practices identification process with the high impact interventions based on global and regional evidence; and

7. Strengthen evidence based youth friendly family planning and other reproductive health services.

Directs the Secretariat to:

1. Coordinates the regional response and sharing of best practices and implementation lessons on obstetric fistula;

2. Mobilises resources to support implementation of the policy on obstetric fistula at country level;

3. Develops common indicators for monitoring the implementation of the policy on obstetric fistula and provide technical assistance to Member States to monitor and evaluate implementation of the policy;

4. Supports Member states to review and use emerging low cost highly effective long acting and barrier family planning methods for both males and females;

5. Support Member States in the implementation of Resolution ECSA/HMC48/R5; and

6. Develops guidelines and standards for delivery of family planning services in underserved/hard to reach areas.

Resolution ECSA/HMC50/R4: Gender-based Violence (GBV) and Child Sexual Abuse (CSA)

The 52nd ECSA Health Ministers' Conference,

Concerned that GBV and CSA are pervasive human rights issues with major public health consequences;

Recognizing the international conventions, commitments, charters and treaties that have been passed on GBV and CSA;

Recalling RHMC/42/R8 of 2006 that directed the Secretariat to facilitate the documentation and sharing of best practices on establishment and enforcement of legislation on sexual offenses especially against women and children.

Further recalling Resolution ECSA/HMC48/R6 of 2009 which directed the Secretariat to develop a prototype policy on prevention and response to GBV and CSA,

Having noted with appreciation that the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse has been developed, and was launched by the Chairman of the Health Ministers Conference on 28 October 2010;

Urges Member States to:

1. Adopt/adapt, and implement the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse; and

2. Establish and/or strengthen a National Gender Commission to oversee GBV- and CSA-related interventions, including coordination, advocacy and establishment of monitoring and evaluation systems

Directs the Secretariat to:

1. Facilitates information sharing on best practices and networking on GBV and CSA;

2. Accelerates the implementation of the previous resolutions on GBV and CSA and supports member states to implement the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse; and

3. Supports national efforts aimed at implementing GBV and CSA related policies and interventions.

Resolution ECSA/DJCC20/R5: Human Resources for Health Leadership and Management for Quality Health Services

The 52nd ECSA Health Ministers' Conference,

Recalling previous resolutions on strengthening HRH within member states; including ECSA/HMC46/R4 and ECSA/HMC48/R2;

Further recalling Resolutions ECSA/HMC50/R2 and R3 that addressed the need for leadership, stewardship and governance at all levels of the health system, including global health diplomacy;

Aware that the World Health Assembly (WHA), through Resolution WHA63.8, adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel which, inter alia, asks member states to report periodically to the WHA;

Aware that human resources for health shortages remain a constraint to expanding access to essential services within the region;

Realising that such shortages are due to a multiplicity of factors such as emigration, poor remuneration, poor working environment and the low morale especially among nurses and midwives;

Recognising the progress and promising practices in attraction and retention of health personnel so far by some of the Member States;

Aware that WHO recently launched evidence-based Global Global policy recommendations on increasing access to health workers in remote and rural areas through improved retention; and

Recognising the great need for leadership and management skills among cadres such as the nurses and midwives, who are often the only health professionals especially at the lower levels of the health system:

Urges Member States to:

1. Accelerate the implementation of the ECSA initiative on supporting strategic leadership in global health diplomacy in the ECSA region;

2. Provide safe and conducive working environment at the workplaces in the spirit of the Positive Practice Environment;

3. Mobilise resources to attract and retain health personnel through provision of attractive retention packages for health personnel to improve equity and access to health services especially in rural and remote areas;

4. Strengthen nursing and midwifery training, regulation, service delivery and leadership and management skills to ensure quality health care, especially at the lower levels of the health system; and

5. Share existing best and promising practices on attraction and retention of health personnel, and evidence on implementation of WHO Global Code of Practice on the International Recruitment of Health Personnel on within the region.

Directs the Secretariat to:

1. Supports Member States in the adoption and implementation of the initiative on strategic leadership in global health diplomacy.

2. Supports countries in conducting continuing leadership and management courses for quality health care programmes, and facilitate the extension of such leadership and management courses to nurses and midwives at lower levels of the health system;

3. Develops a prototype attraction and retention package for health personnel in the region, based on the WHO Guidelines, country experiences and best practices in the region by October 2011;

4. Provides a monitoring framework and standardize M & E tools to track improvement in the quality of health service delivery in member states;

5. Works with regional partners in monitoring the Code, and d present a regional assessment on the implementation of the Code to the HMC54 (2011);

6. Advocates for the integration of leadership and management in pre-service and in-service training curriculum; and

7. Supports Member States to strengthen nursing and midwifery faculty for scaling up pre- and in-service training programmes.

Resolution ECSA/HMC50/R6: Prioritizing Nutrition Interventions

The 52nd ECSA Health Ministers' Conference,

Concerned at the he slow progress towards attaining the health and nutrition related MDGs – MDG1 on reduction of extreme poverty and hunger, MDG4 and MDG5 on child and maternal mortality and the implications that nutrition has in achieving the rest of the MDGs;

Alarmed by the persistently high rates of macro- and micronutrient malnutrition in the ECSA region;

Aware that nutrition has a serious impact on human, social and economic development and is an underlying cause of 50% deaths in children under five years of age as demonstrated in the Lancet Series on Maternal and Child Under-nutrition;

Concerned with the unacceptably high rates of stunting in the ECSA countries in spite of progress made towards reducing underweight and wasting;

Reaffirming Member States commitment made during the UN-General Assembly Special Session for Children in May 2002 to eliminate hidden hunger that is vitamin and mineral deficiencies;

Aware of commitments made by Heads of State to implement the African Regional Nutrition Strategy, the NEPAD African Nutrition Initiative, and the NEPAD 10-year strategy for combating Vitamin and Mineral Deficiency with focus on long-term household food security and ending child hunger and under-nutrition in the Abuja Declaration;

Noting the progress made by the Secretariat in developing fortification guidelines, materials and tools, as well as capacity building of Member States;

Gratified by the progress made in building capacity in implementation of Essential Nutrition Actions in the member states;

Recognising that numerous tools that can be used to define critical nutrition resource needs and gaps, advocate for funding and calculate realistic targets have been developed; and

Aware that the past HMC Resolutions on Non-Communicable Diseases, including Resolution ECSA/HMC50/R8, are yet to be implemented:

Urges Member States to:

1. Implement previous resolutions on Non-Communicable Diseases, including Resolution ECSA/HMC50/R8;

2. Establish functional inter-sectoral coordination mechanisms with mandate to hold public and private sector accountable on nutrition related responsibilities;

3. Implement consistent, focused and high impact interventions to reduce stunting and ensure that monitoring of stunting is part of national growth monitoring and nutrition programmes;

4. Develop and implement country-led nutrition capacity development action plans.

5. Use appropriate tools to prioritize, plan and cost nutrition interventions in country led planning processes.

6. Identify essential nutrition products to be considered for tax exemption.

Directs the Secretariat to:

1. Support Member States to implement previous resolutions on Non-Communicable Diseases, including Resolution ECSA/HMC50/R8;

2. Support Member States to implement known high impact interventions such as essential nutrition actions, food fortification and others to accelerate achievement of nutrition related targets;

3. Coordinate nutrition actions in the region, and identify, document and disseminate best practices;

4. Develop advocacy tools and materials, and conduct advocacy activities targeted to different groups to strengthen implementation of nutrition interventions;

5. Support the establishment of nutrition surveillance systems at regional and country level; and

6. Initiate collaborations that enhance support of country programs on NCDs.

Resolution ECSA/HMC50/R7: Strengthening M&E systems

The 52nd ECSA Health Ministers' Conference,

Noting with concern that despite measures undertaken to strengthen M&E systems at country level, member states still face challenges in establishing and maintaining robust M&E systems within the public sector;

Acknowledging that strengthening of M&E systems requires a significant increase in resources allocated to the central and lower levels of the health system;

Aware that the role of M&E in generating evidence for planning and policy making is increasingly being recognized at country and regional level;

Further noting the need to monitor and evaluate progress toward the scale up of best practices in the region;

Concerned that data from the private sector and non-state actors is not adequately captured in the national HMIS and that there is low compliance with reporting:

Urges Member States to:

1. Promote strategies for improved utilization of M & E data in the implementation of interventions;

2. Facilitate involvement of the private sector and non-state actors in national HMIS towards better compliance with reporting requirements;

3. Accelerate the integration of vertical M&E systems; and

4. Progressively increase budget allocation for M&E to the ministries of health

Directs the Secretariat to:

1. Develop and adopt regional minimum set of standards for M&E;

2. Identify innovative approaches for M&E scale up of best practices;

3. Establish and support regional capacity building programme on M&E;

4. Develop mechanisms to improve data quality, analysis and reporting; and

5. Advocate for increased budget allocation for M&E activities.

Resolution ECSA/HMC50/R8: Strengthening Response to Multi Drug Resistant (MDR) and Extensive Drug Resistant Tuberculosis (XDR-TB)

The 52nd ECSA Health Ministers' Conference,

Recalling ECSA Health Ministers Resolutions ECSA/HMC48/R7 on HIV and AIDS, TB and Malaria, and ECSA/HMC50/R10 on Management of HIV/AIDS and Tuberculosis in the ECSA region;

Recognizing Member State efforts in managing drug resistant tuberculosis (DR-TB);

Particularly concerned about the high morbidity and mortality associated with DR-TB due to lack of second line anti-TB Drugs, coupled with existing gaps in reporting and drug therapy monitoring;

Concerned about inadequate infection control measures in health care settings and the risk it poses to other patients and health workers

Acknowledging that implementation of previous resolutions on proper TB/HIV management and DR-TB has been slow and needs to be fast tracked

Reaffirming the importance of, and urgent need for, proper DR-TB preventive and management strategies in member states;

Urges Member States to:

1. Accelerate implementation of ECSA Health Ministers Resolutions ECSA/HMC48/R7 and ECSA/HMC50/R10;

2. Ensure adequate supply of quality assured second line anti-TB drugs to all DR-TB patients, backed by strengthened pharmacovigilance and surveillance systems; and

3. Prioritise the implementation of infection control measures in health care settings.

Directs the Secretariat:

1. Documents and disseminates best practice models of management of DR-TB care in ECSA region;

2. Strengthens monitoring of Programmatic Management of Drug Resistant TB (PMDT) in ECSA region; and

3. Facilitate the Green Light Committee process for member states.

Resolution ECSA/HMC50/R9: Partnerships for Health

The 52nd ECSA Health Ministers' Conference,

Aware of the need for local, regional, international and global partnerships for the sustained response to the high disease burden in the ECSA region;

Recognising the need to overcome the gap in transfer and application of best practices and in scaling up such best practices;

Mindful of the need to avoid duplication of efforts in our resource constrained countries;

Noting promising practices in partnerships to overcome gaps, such as that between the College of Anaesthetists of Ireland and the Government of Malawi, and initiatives towards social transformation through addressing health education and gender issues;

Realising that it is partnerships based on the comparative advantages of the parties involved that yield the best results; and

Appreciating with gratitude the ongoing support by many partners to the health agenda in the region:

Urges Member States:

1. Accelerate implementation of ECSA/HMC50/R2 on global health diplomacy and ensure that partner involvement in health programmes is aligned and harmonised with national health policies, plans and priorities; and

2. Develop mechanisms for tracking health care investment and evaluating the outcomes of such cooperation

Directs the Secretariat:

1. Develops an ECSA health care information gateway focusing on best practices for health and the need to reduce asymmetry of information between countries;

2. Develops a prototype framework for partnership and cooperation in health;

3. Facilitates the dissemination and sharing of information and experiences on partnerships and cooperation in health; and

4. Facilitates the establishment of a College of Anesthesia within the proposed ECSA College of Health Sciences.

ECSA/HMC48/R10: Expression of Gratitude to Partners of the ECSA Health Community

The 52nd Health Ministers' Conference,

While acknowledging the continuing engagement and contribution of Partners to gains in the health sector in the region;

Aware of the challenges in resourcing health services occasioned by the disparity between the disease burden and income levels in the ECA region, and by global developments such as the recent global credit crisis

Fully appreciating the technical, material and financial support extended by many partners and stakeholders towards the realisation of the health agenda in the region;

Appreciate in particular that many gains towards the attainment of the MDGs have been through the generous support of various partners and stakeholders that continue to support member states, the Secretariat and the ECSA Colleges;

Recognising that without the support of partners many of the ambitious intentions set out in the Resolutions above will be difficult to implement:

1. Expresses its gratitude to all partners and stakeholders, local, national, regional, international and global for supporting the realisation of the programmes of the ECSA Health Community

2. In the spirit of previous Health Ministers Conferences, reiterates the commitment of all organs of the ECSA Health Community to continue collaborative efforts towards the implementation of agreed areas of work with partners;

3. Remains committed to the strengthening of the coordination of partners at regional and country level, in the spirit of the three-ones; and

4. Pledges its commitment to continuing cordial engagement with all partners towards better health outcomes in the region

ECSA/HMC52/R11: Expression of Gratitude to the President, Government and the People of Zimbabwe

The 52nd Health Ministers' Conference,

Appreciating the enabling environment provided by the Government of the Republic of Zimbabwe to the Ministry of Health and Child Welfare to host the 52nd ECSA Health Ministers Conference;

Aware that the meticulous planning, coordination, preparations and resource commitment that contributed to the success of the 52nd Health Ministers Conference must have come at high cost and much sacrifice;

Impressed by the African welcome, generosity and camaraderie extended to the Ministers, country delegates, partners and all participants by the people of Zimbabwe and residents of Harare in particular;

Humbled by the attention to detail that went into ensuring an efficiently run, highly productive and very successful 52nd Health Ministers Conference:

1. Wishes to express its gratitude to the President, Government and the people of the Republic of Zimbabwe;

2. Humbly requests the Minister for Health and Child Welfare of the Republic of Zimbabwe to convey the individual and collective gratitude of the Health Ministers and delegates, to **the Right Honourable Prime Minister**, Republic of Zimbabwe, for the message delivered on his behalf by the Minister of State in the Prime Minister's Office at the opening the 52nd Health Ministers Conference; and

3. Congratulates the Ministry of Health and Child Welfare of the Republic of Zimbabwe for hosting a successful 52nd Health Ministers Conference.