African Center for Global Health and Social Transformation (ACHEST)

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

Francis Omaswa,

Presentation

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

ACHEST

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

DOES ANY ONE CARE? IMPLEMENTATION QUALITY GAPS.

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

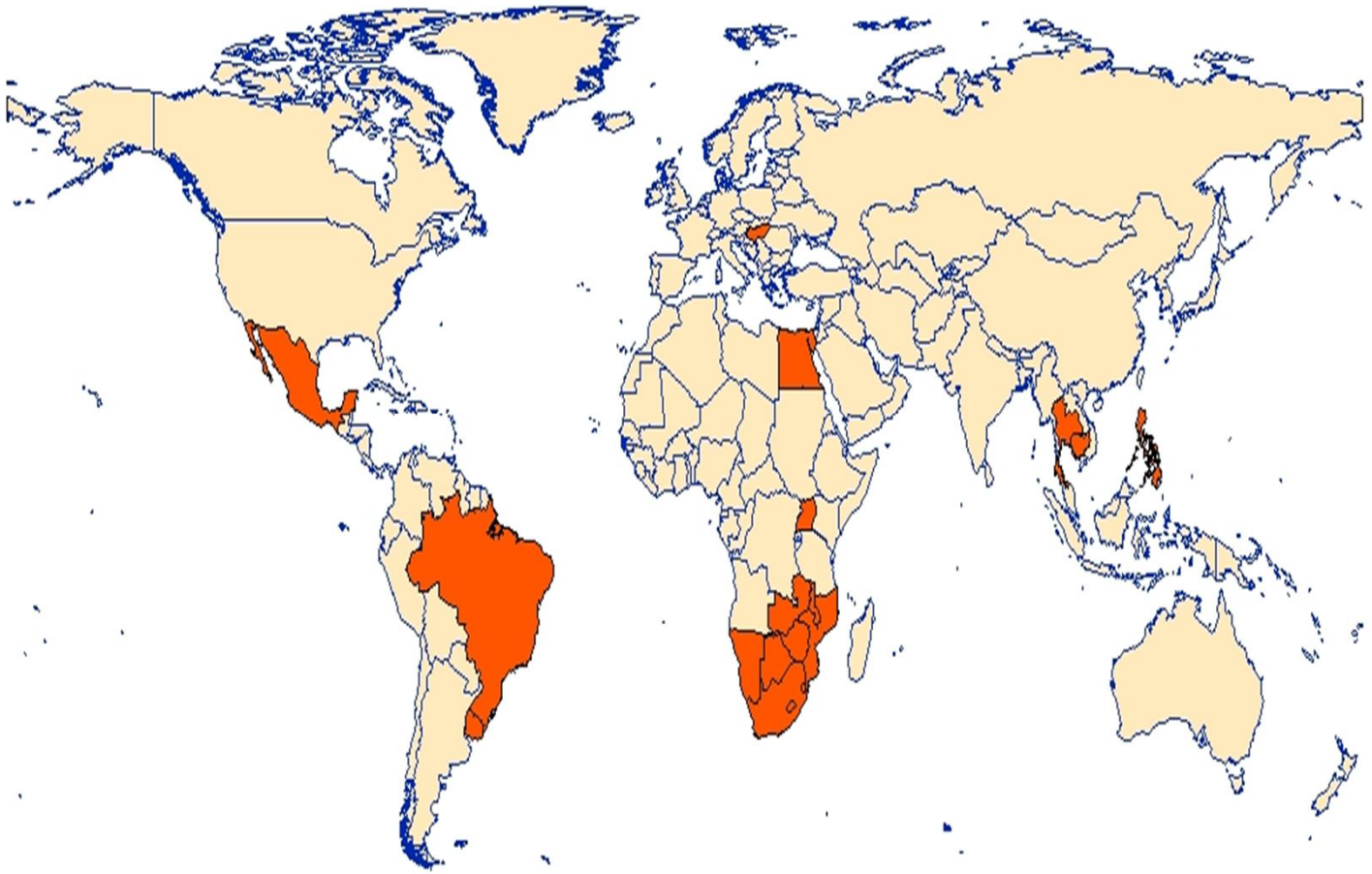
ACHEST African Centre for Global Health And Social Transformation

Supporting Ministerial Health Leadership: Project Purpose; Case Study.

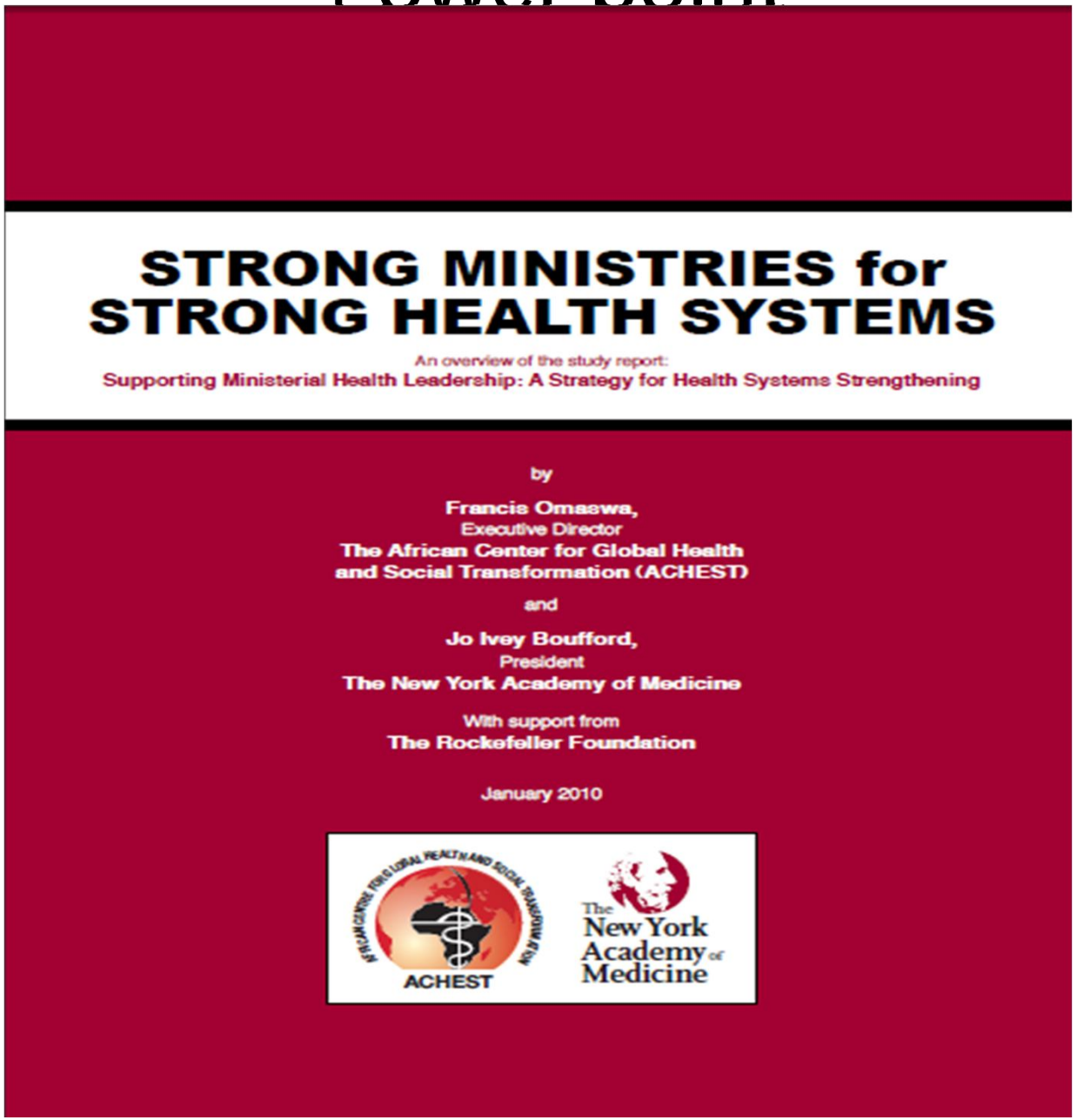
- To assess the challenges and needs (including leadership development) of ministers and ministries of health in performing their health systems stewardship and governance functions.

- To develop an action plan to strengthen ministries of health

Sample Countries



Power point

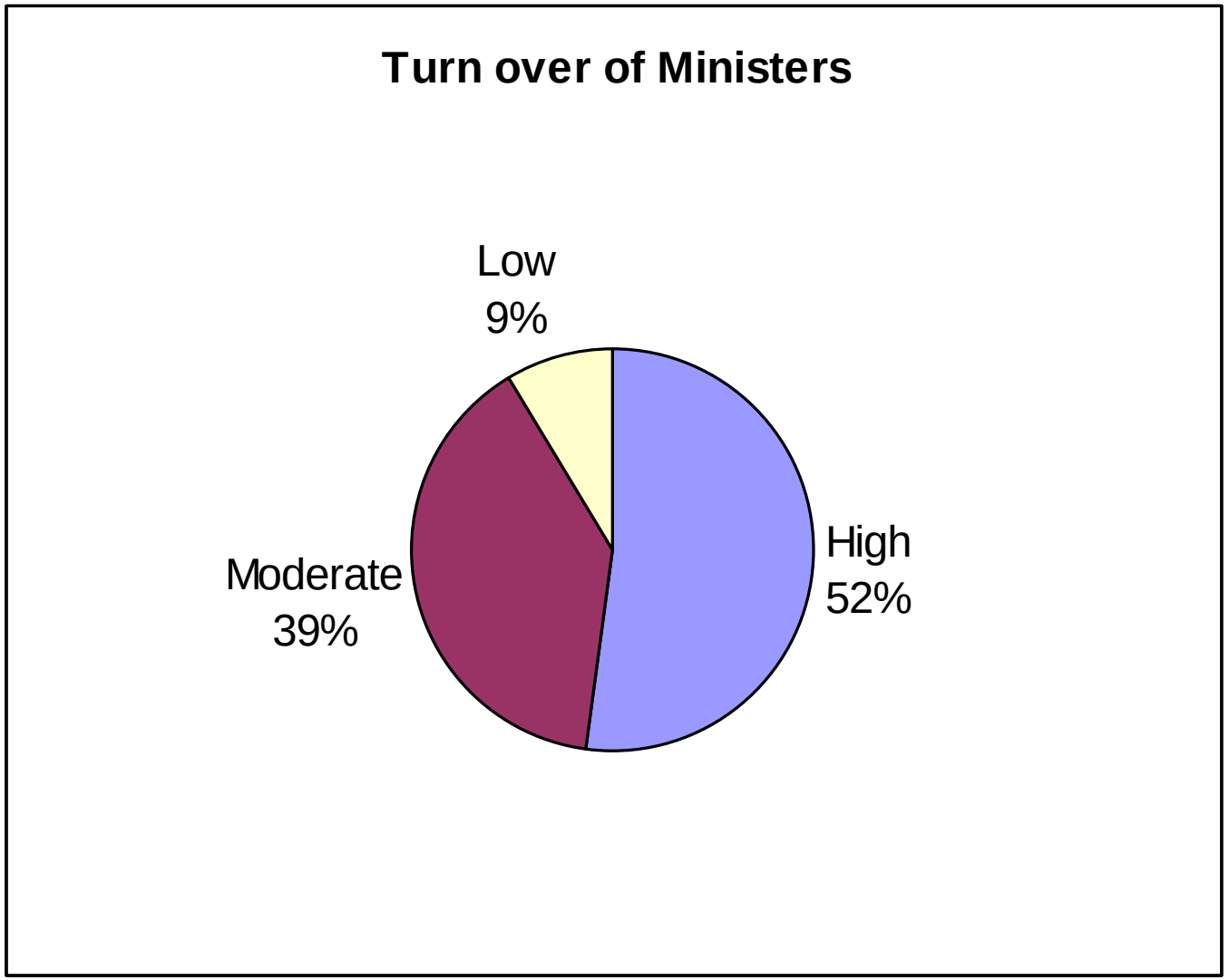

STRONG MINISTRIES for
STRONG HEALTH SYSTEMS
An overview of the study report:
Supporting Ministerial Health Leadership: A Strategy for Health Systems Strengthening
by
Francis Omaswa,
Executive Director
The African Center for Global Health
and Social Transformation (ACHEST)
and
Jo Ivey Boufford,
President
The New York Academy of Medicine
With support from
The Rockefeller Foundation
January 2010
ACHEST
The New York Academy of Medicine

Key Findings

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

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

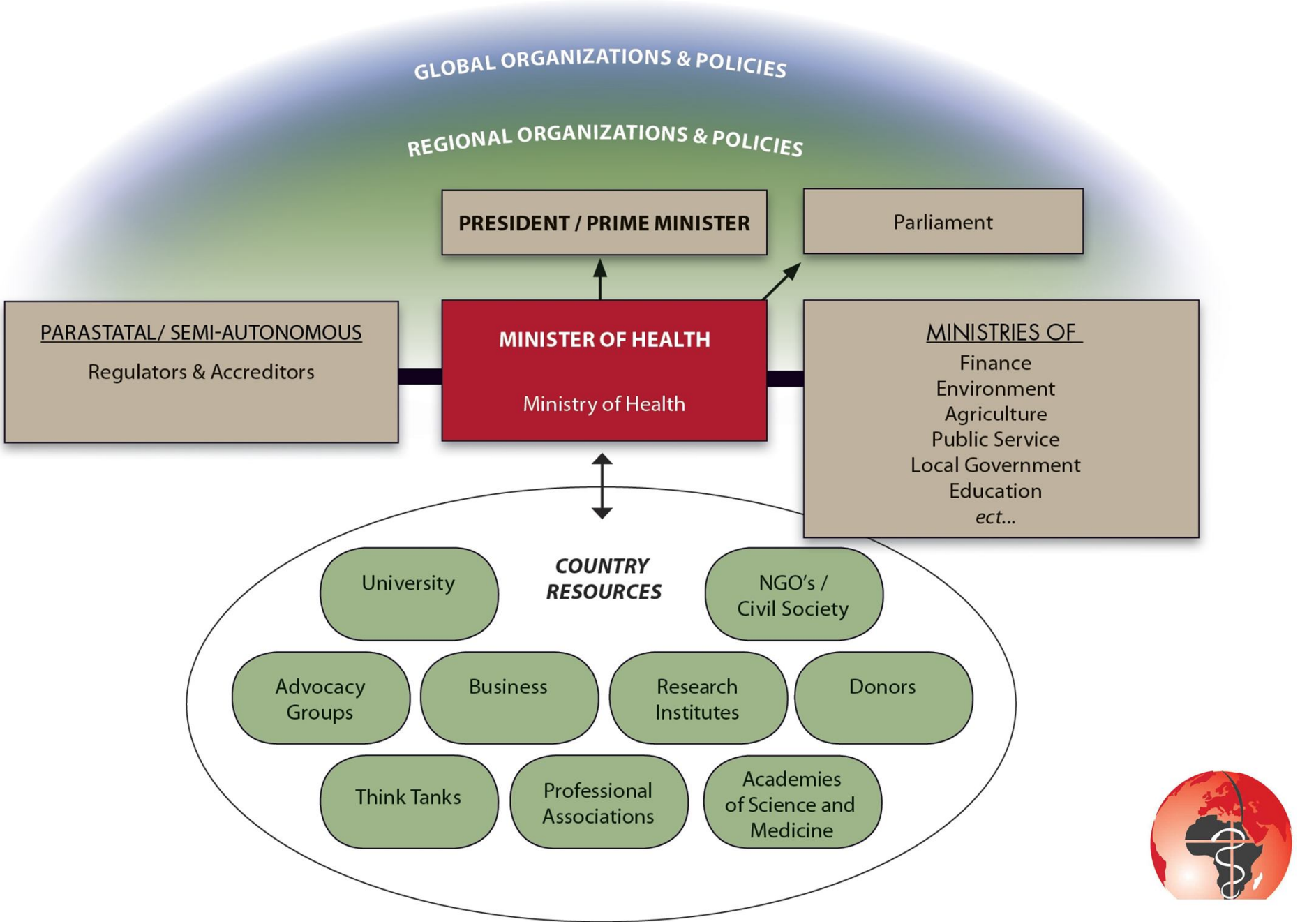
Ministerial Turnover: Africa



Potential Resource Organizations

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

MOH OPERATING ENVIRONMENT



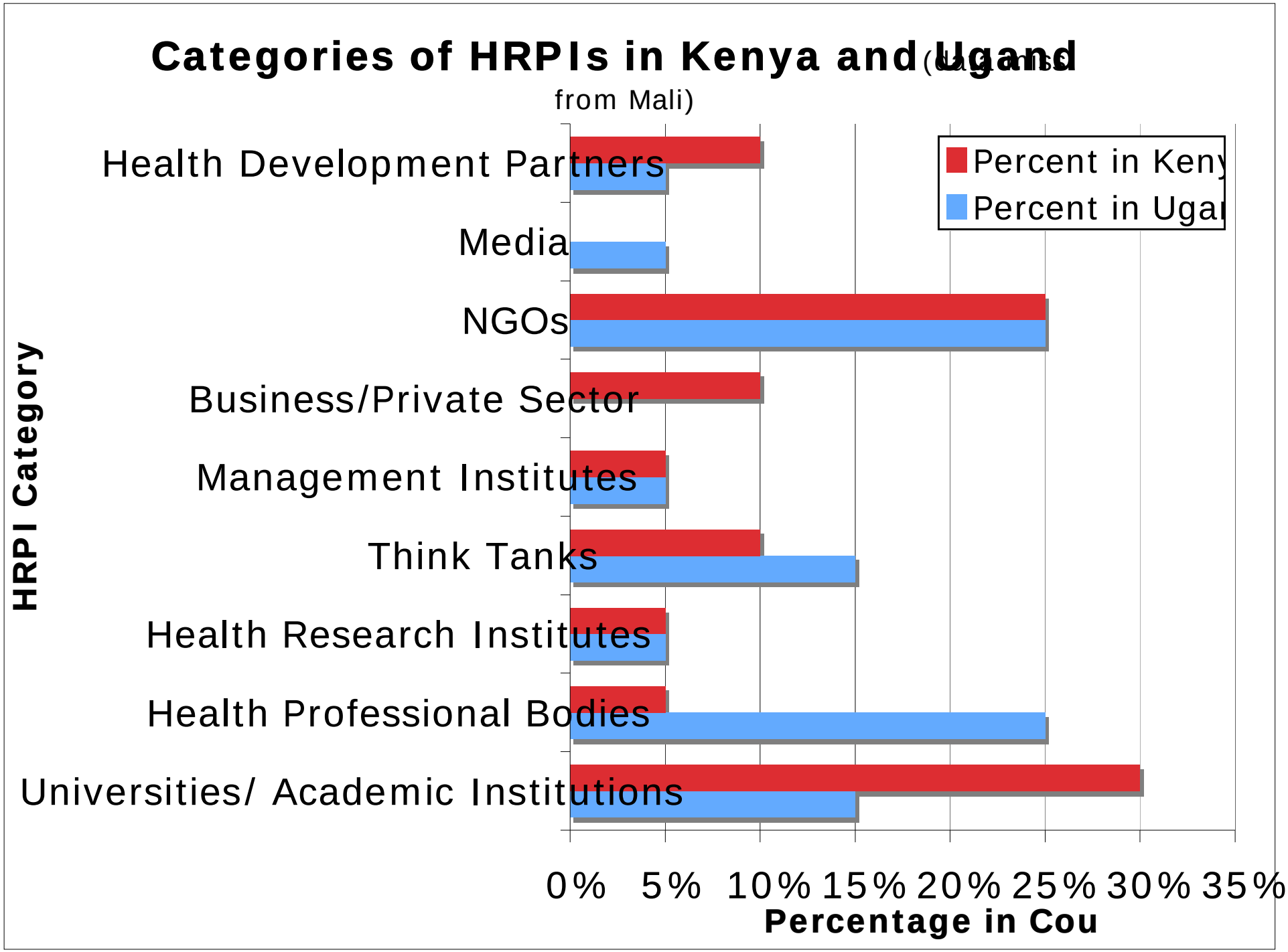
Responsibility for Population Health

- Governments have ultimate responsibility and accountability for population health
- Global, regional and national recognition: UN/MDGs, WHO, AU, constitutions, health in all policies
- Implementation gap: underinvestment in people who make things work, available technologies, policies, resources
- Governments alone insufficient: need to work with ever increasing number of actors
- Stewardship, governance and leadership neglected

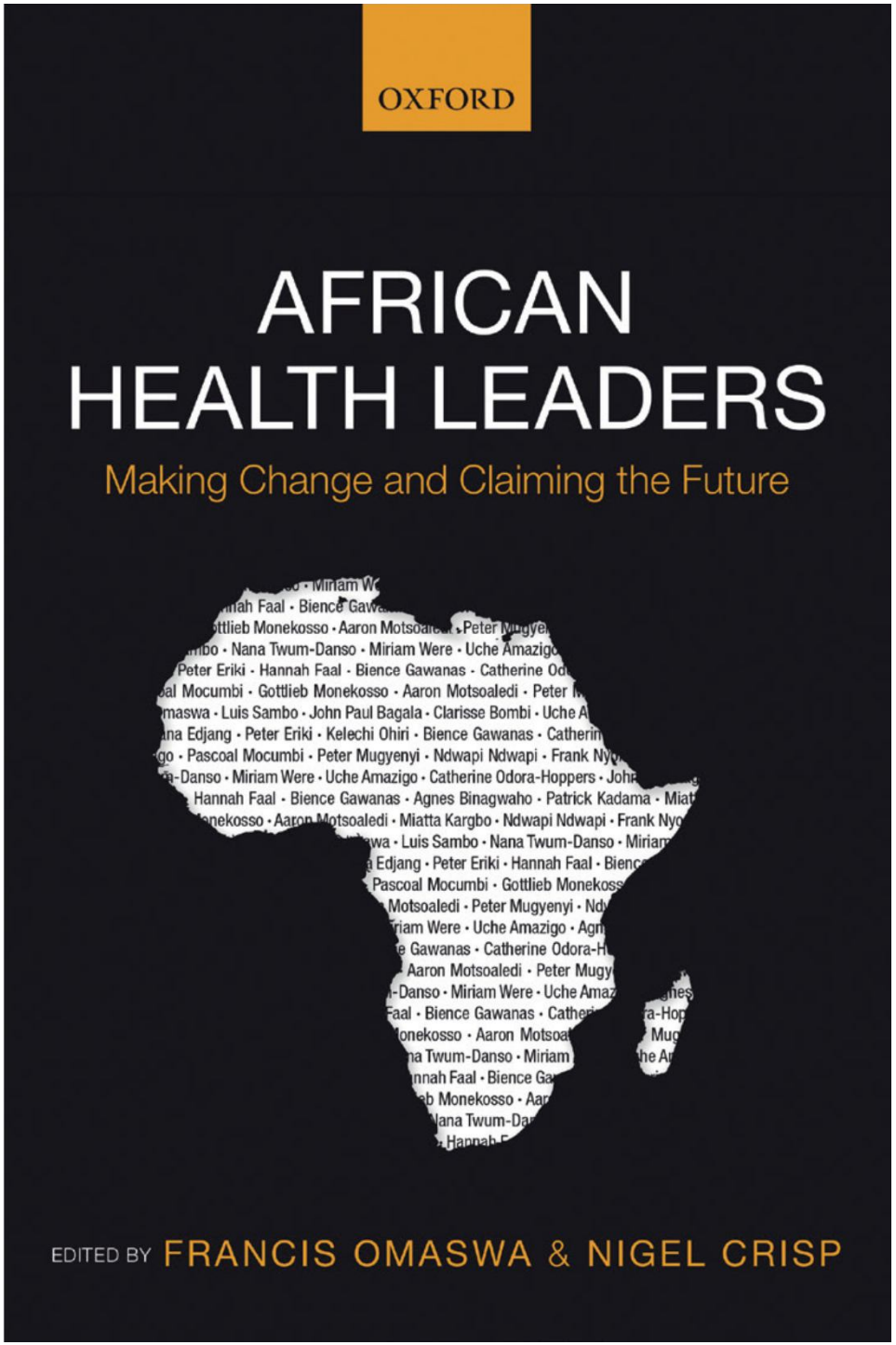
Taking Action: recommendations

- Based on data from minister and stakeholder interviews and supporting research and consultation activities, this report offers seven action items geared toward building ***a systematic and sustained program of support for health ministries***. Recommendations and proposals provided address:
  - Capacity assessment tools: book “yes minister”, WHO Guidelines
  - Leveraging existing UN management development resources
  - Country networks of expertise: HPRIs
  - Regional networks to support health systems stewardship and governance ASHGOVNET
  - A knowledge network for ministers: virtual resource center
  - Executive leadership development: induction, sitting MoH, staff
  - Advocating for the role of the health ministries

NYAM


Categories of HRPIs in Kenya and Ugand
from Mali)
Health Development Partners
Media
NGOs
Business/Private Sector
Management Institutes
Think Tanks
Health Research Institutes
Health Professional Bodies
Universities/ Academic Institutions
HRPI Category
Percent in Keny
Percent in Ugar
0%
5%
10%
15%
20%
25%
30%
35%
Percentage in Cou


USAID
Good Governance


OXFORD
AFRICAN HEALTH LEADERS
Making Change and Claiming the Future
EDITED BY FRANCIS OMASWA & NIGEL CRISP

Leadership Enhancement Initiatives
ASSESSMENT FINDINGS

IMPLICATIONS FOR THE CONCEPTUAL FRAMEWORK

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

- Need strengthened strategic planning skills to be able to build upon existing Ugandan governance foundations.
- Capacity is not dropped down from above, it grows from what you already have. HRPIs exist.
- Need strengthened abilities to analyze and understand the systemic constraints that exist in the Uganda (political, social, cultural, resource factors) that hinder implementation.
- Locally relevant research, inform and inspire, perform

African Health Systems Governance Network (ASHGOVNET)

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

African Health Systems Governance Network

ASHGOVNET Newsletter

January, 2015

ASHGOVNet discussion forum

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

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

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

Community leadership

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

This system is working in Ghana, Ethiopia, Kenya and is being developed in Zambia and in a number of other African countries. The attraction of this approach is that it provides health care personnel and SUSTAINED local leadership at all times.
The problem has been that there is very little funding support from the Global Health Community and so the approach is implemented in a piece-meal way.

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

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

Educate the Public

Educating the public is vital to the efforts to contain Ebola or Marburg epidemics. The role of the media and community leaders in this regard is important. This is because of the sad reality that a large percentage of patients in Africa (especially rural) first consult traditional healers (including witch doctors) before reporting to hospitals. The initial 'causes' of ill health may be attributed to quite unrelated issues but which the patients and relatives will believe.
Some religious leaders also advise patients that prayer is enough to cure any illness! This leads to delayed diagnosis, dissemination of communicable diseases or even refusal to access available services.
If possible therefore, health workers should collaborate closely with community/religious leaders, the media and traditional healers.
Grace Kalimugogo

I Agree. Very good lessons/ tips/messaging, Francis. I'll circulate to my World Bank colleagues. Many thanks.
John Donnelly

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

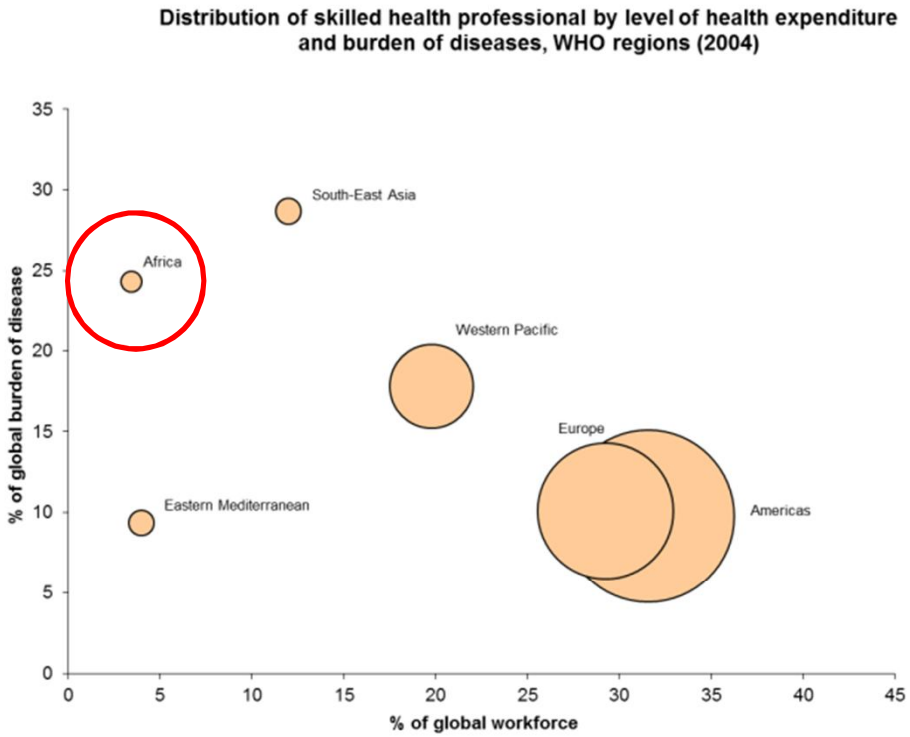
Supported by the Rockefeller Foundation

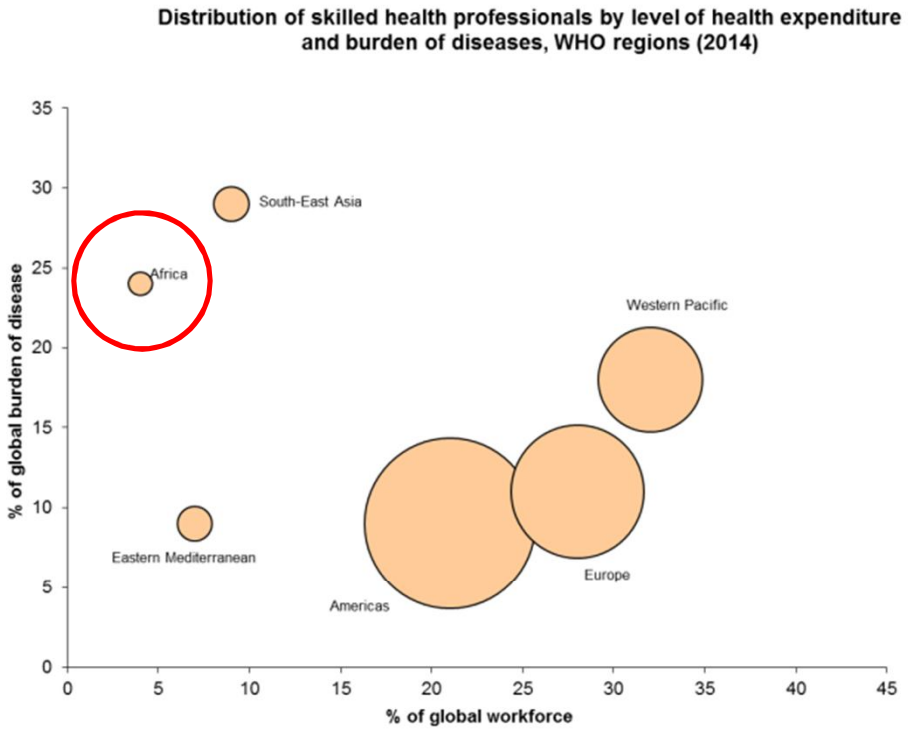
Work in Progress

- Annual Sessions with Ministers and Senior Officials through ECSA and WHO
- Knowledge network for ministers: Virtual Resource Center. Searchable data base.
- Engagement with AUC, WHO Afro, EAC, WAHO
- Handbooks for Parliamentary Health Committees and Senior Technical MoH staff
- South- South Cooperation with China
- National Health Assemblies in Uganda, Thailand, Brazil
- Health Worker Migration in Uganda and Nigeria
- Reforms of Regulatory Authorities in Uganda

MDG era: but words don't always translate to action……

"24% burden of disease, 3% global health workforce"
(2004-2005 vs 2013-2014)





Sources: WHR 2006; Global Health Observatory (2014 update)

The Sub-Saharan African Medical School Study

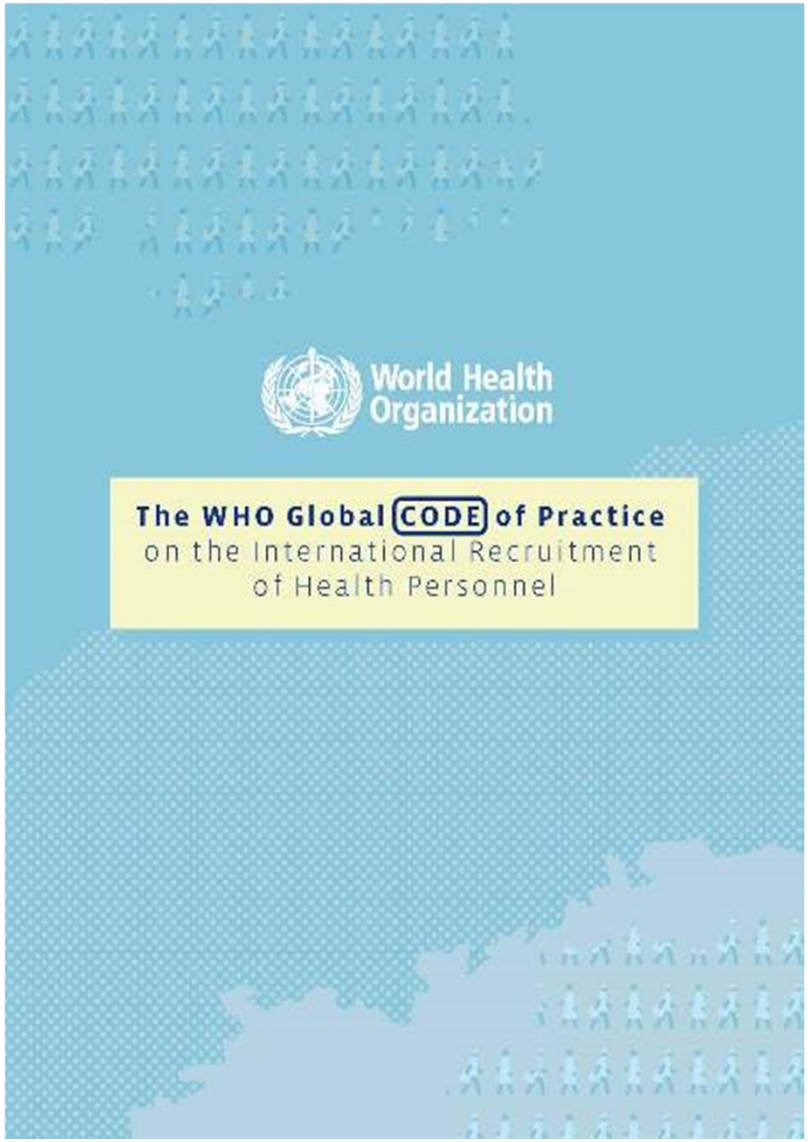
DATA, OBSERVATION, AND OPPORTUNITY

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

BILL & MELINDA GATES *foundation*

O3: Strengthen capacity to manage – e.g. migration



2004: WHA57.19 – origin of the Code

2005: WHA58.17 – limited progress

2006: WHA59.23: Scaling up
WHA59.27: Strengthening N&M

2006-9 ongoing development

2009: failed to pass the Executive Board

2010: WHA63.16 - Global Code adopted

2013: 1st Round of National Reporting

2015: 1st review of Relevance & Effectiveness

2015-6: 2nd Round of National Reporting

Other

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