

ACHEST

ACHEST ANNUAL PERFORMANCE REPORT 2012

The African Centre for Global Health and Social Transformation



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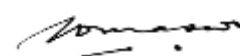
Kampala 30th May 2013

The African Centre for Global Health and Social Transformation (ACHEST)

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The African Centre for Global Health and Social Transformation (ACHEST)

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1. INTRODUCTION:

This Annual Performance Report for the year 2012 records significant events in the growth of ACHEST into a notable player in the African and global health arena. The focus areas of work namely Health Systems Governance, Human Resources for Health and Strategic Communications and partnership have been maintained. We have witnessed a big demand for ACHEST to participate in African and global events on health and the governance of the organization has been strengthened with technical support from a grant by USAID to Management Sciences for Health. The vision, mission and values have been updated, a Board of Directors has been appointed and governance documents and manuals are being updated. A new organogram has been developed and new staffs were recruited during 2012 and reported for duty in January 2013. The increased demand on senior staff travel time has affected adherence to some program deadlines and arrangements are in place to address this by recruiting a senior person as Chief Operating Officer who will ensure that ACHEST program implementation is on course. The African context remains hopeful with stable economic growth and the ascendancy of the democratic culture. Poverty, high population growth and social dependency, corruption, a high disease burden and low levels of educated demand for accountability are among the challenges that call for enhanced African and global leadership. ACHEST is being positioned to be a key player in addressing these challenges.

2. FOCUS AREAS OF WORK:

The focus areas of work are (i) Health Systems Governance, (ii) Human Resources for Health and, (iii) Strategic Communications and partnership. Owing to demand at country level, support to service delivery programs has emerged as a fourth area of work but, given its wide scope, ACHEST has adopted a light-touch highly selective approach in engagements for this area.

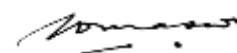
2.1. Health Systems Governance, Stewardship and Leadership

The aim of this area of work is to build ownership and Commitment of Professionals, Capacity of Institutions and Ministries of Health for effective health policy development and implementation to attain better health outcomes. Country ownership of the health agenda and of health systems stewardship and governance is critical for the achievement of the MDGs and better health outcomes in African countries.

Health Resource Partner Institutions (HRPIs)

The first phase of the work on “Health Systems Governance, Stewardship and Leadership” focused upon creating tools to determine the capacity of ministers’, ministries and country and regional health resource institutions (HRPIs). In 2012 that phase of the work progressed to documentation of the experiences in the initial pilot countries and sharing that experience with the ASHGOVNET network.

With funding provided by NORAD, the HRPIs were mapped in five countries (Mali, Uganda, Kenya, Malawi and Tanzania). The reports were analysed and discussed during the 2nd ASHGOVNET Congress hosted by ACHEST which met in Kampala in March, 2012. The mapping reports of HRPIs have been completed, finalized and printed. They are due to be published, launched and disseminated in 2013.



ACHEST is in addition most grateful to NORAD for funding this 2nd Congress of ASHGOVNET. During the Congress, country delegations from the five study countries committed to implementing the recommendations of the Mapping study and a follow up program is being developed with each of the countries. Further dissemination of the Study reports will also provide opportunities for the recruitment of new countries into appreciating the added value of coordinated partnership with HRPIs.

Executive Leadership Development for Health Ministers and Senior Officials:

Achieving national and global health goals will not be possible until the governance of health at country level receives the priority that it deserves. This important element of health systems strengthening is too often taken for granted yet it is a key determinant of health outcomes in every country. During 2012, ACHEST finalized negotiations with the Management Sciences for Health (MSH) to utilize a grant from USAID for executive leadership development through the East, Central and Southern Africa Health Community (ECSA-HC) Secretariat. The first induction training for Ministers and senior staff is now expected to take place during the 2013 Annual Conference of Health Ministers to be held in Malawi. “Supporting Strategic Leadership in Global Health Diplomacy in East, Central and Southern Africa” is another capacity building initiative with which ACHEST is engaged in collaboration with the ECSA, EQUINET and the University of Nairobi. In 2012, the initiative conducted a training course for senior Ministry officials from ECSA region but owing to stretched staff commitments ACHEST was not physically represented during the sessions.

Health Governance studies

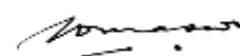
(a) Study of health system governance innovations (participatory policy making)

ACHEST is engaged in study of health system governance innovations being conducted in a collaboration with partner institutions in Thailand and Brazil to comprise a cluster of three country case-studies of countries that have implemented a National Health Assembly process. This work was found to be more extensive than originally anticipated but most of the required data collection and literature review were completed in 2012 carrying forward to 2013 the work on key informant interviews to be accomplished. The objective of the case study papers are to analyse the participatory public policy process in each country and how this process influence policy changes or reforms so as to learn lessons on barriers as well as success factors and good practice for participatory policy making in different environments to inform improvement efforts of countries. It is now expected that the country case studies will be completed in 2013 and the teams will converge late in 2013 to articulate a joint publication on the subject to be completed in 2013 and will take at least an additional 8 months to complete, which implies therefore that its publications are expected at the end of 2013.

(b) Study of country level implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel

This study explores issues regarding leadership for policy reforms and implementation through two key questions supported by a set of secondary questions:

- i. First is the question of “The extent to which ECSA countries are prepared and capable of implementing the WHO code of Practice on the International Recruitment of Health Personnel with specific reference:
 - To what extent have the countries disseminated and/or translated the Code for local stakeholder uptake and implementation?
 - In the context of the HRH crisis, what skills and capacity exist at country level to implement and report on the Code of Practice?
 - What policy processes/guidance/steps have the countries taken to implement the Code?



- To what extent are non-state actors (NGOs, civil society, FBOs) involved in the implementation and reporting on the Code?
 - What monitoring mechanism(s) have the countries developed to track the implementation of the Code?
 - Which coordination mechanisms or frameworks (e.g. CCF) exist/have been established to strengthen the health system in line with the Code?
 - What challenges/barriers/constraints exist to the implementation of and/or reporting on implementation of the Code?
 - How ready were/are the countries to report on the Code in May 2012 (first report to the WHA)?
- i. Second, the question of “The extent to which the ECSA countries are capable of negotiating the tricky global diplomatic environment necessary to see fruition of the spirit and letter of the Code” with specific reference:
- At which international forums have the countries been involved on issues related to the Code since its adoption?
 - To what extent is the Code being used to leverage additional resources to strengthen the health systems/improve the HRH situation?
 - To what extent have the countries been involved in developing a common regional/continental approach towards the implementation of and/or reporting on the Code?
 - How has the Code contributed to the negotiation for more health resources (e.g. internally towards the Abuja target or internationally) towards the fulfillment of obligations such as the Abuja target?

This study will in general cover 16 countries (*Angola, Botswana, Burundi, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe*) of the ECSA sub-region through a survey and will be complemented with four in-depth country case studies (*Tanzania; Kenya; Uganda; and South Africa*) selected from among the 16 ECSA countries. This study is being undertaken as part of the GHD programme, to understand the policy context of the WHO Global Code to ECSA countries, and to review progress on the Code. A review of the literature was undertaken in 2012 with specific reference to the historical development of the Code and survey instruments were designed to be administered in 2013..

(c) Other collaborations on operational research capacity:

ACHEST joined other networks to explore the question of “How can donors and local organizations optimize their interactions to strengthen health systems in a world that is increasingly complex?” This



Figure 1 Collaboration Research networks at Bellagio August 2012

the 3rd November 2012..

was initiated in August 2012 at the Bellagio Centre. The work steam focuses upon Strengthening Health System Capacities through Institutional Development with the aim of Enhancing Collaboration Between Donors and Organizations in Low-Income Countries. ACHEST in addition takes this opportunity to most sincerely thank NORAD for facilitating further engagement with systems research networks by providing funding for ACHEST to participate in **the Second Global Symposium on Health Systems Research** held in Beijing (China) from the 26th October 2012 to

2.2. Strategic Communication, Partnerships (Stakeholder Engagement) and Advocacy:

The work on Strategic Communication, Partnerships and Advocacy builds upon progress made in the last biennium with stakeholder engagement and strengthening of technical networks. In this respect ACHEST continued to serve as the Secretariat of the African Health Systems Governance Network (ASHGOVNET) in 2012. The electronic email discussion group that debates selected topics was sustained in 2012 (see [Annex : Ashgovnet Topics discussed](#)), although the work load at the secretariat was too stretched to sustain a summarized publication of the discussions in the Ashgovnet Newsletter every two months as had been planned.

African Health Systems Governance Network (Ashgovnet):

Governance Forum: During 2012 Ashgovnet Health Governance Forum released six discussion topics to a readership that reaches nearly one million individuals in and outside Africa. The same blog is also posted on the ACHEST website and published in the Africa Health Journal every two months. The Ashgovnet health governance forum is playing an important role in providing space for open and frank discussions on topical issues during the year and is shaping thinking and hopefully behavior as well. The following issues were addressed during 2012:

January: The communication gap leads to implementation Gap

March: Lessons for Africa from China's health success

May: Creating synergies and building capacity for Africa's Health

July: A vision for transformative ownership and capacity building for Africa's health

September: Pursuing excellence in a hopeful Africa

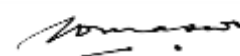
November: Linking households and communities to health systems.

The 2nd congress of the African Health systems Governance Network (Ashgovnet) and Forum:

The 2nd congress of the African Health Systems Governance Network (ASHGOVNET) was convened by the African Centre for Global Health and Social Transformation (ACHEST), at the Imperial Royale Hotel in Kampala, Uganda 20th – 21st March 2012. It was attended by 37 health system experts from across Africa as well as international development partners (see the [Congress List of participants Annex 2.](#)) under the theme of “*Modelling a sustained approach for strengthening health governance and stewardship in low income countries*” to address three topics namely:

- (i) Carry out an in-depth analysis of the health systems governance topics that were the subject of email and internet debates and make recommendations for action;
- (ii) Receive and discuss reports of studies on health systems governance that have been carried by ASHGOVNET members and propose appropriate follow up actions;
- (iii) Discuss the governance arrangements for the Network.

The congress received and discussed in-depth analysis of selected health system governance with special focus upon professional leadership, country ownership of system policy processes, closing the communication gap in policy dialogue, creating enabling climate for health research in Africa, approaches for application of evidence for policy development (*evidence to policy*), constraints to implementation of the “African Health Strategy”; institutional capacity building through Health Resource Partnership Initiatives (HRPI) as well as critical global health aspects relating to Africa in the global arena. The participants received and discussed reports of studies on mapping of Health Resource Partner Institutions (HRPIs) in five African Countries – Mali, Kenya, Tanzania, Uganda and Malawi. The five countries established the following:



- The need for a mechanism to link HRPIs and the Ministries of Health (MoH) so that the MoH can utilize their expertise
- The need to develop the capacity of HRPIs to play the support roles to their governments
- A structured tool should be designed to be used for modeling a stronger working relationship between HRPIs and MoH
- Phase 2 should be designed for individual countries to collaborate with ACHEST and the RECS
- A mapping tool should be developed which can be used by other countries to do similar exercise as the next steps. (i.e. a tool for implementing the recommendations)
- Knowledge sharing should be supported to promote learning through dissemination of the five country reports on a continuous basis. (e.g. in Africa health journal etc)
- Modify and adapt a tool for other countries to conduct the mapping .

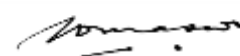
The congress noted with satisfaction the good quality of the research and mandated ACHEST and countries to take this work forward as set out below in the way forward for ASHGOVNET under two key areas:

- Constitute a governing organ for ASHGOVNET in form of a pan-African Advisory Board comprising all parts of Africa as set out in the mandate of the African Union with a balanced set of expertise and languages for legitimacy. The Board should meet regularly and the work continue to be supported by a small secretariat at ACHEST. (This work has previously been supported by a grant from the Rockefeller Foundation but now new sources of funding will be required to take the work forward.
- Having appreciated the good quality of the HRPI work stream, the following next steps for follow up were recommended:
 - (i) Support countries to improve reports with comments from the congress (ACHEST and countries to complete the reports) by July 2012
 - (ii) Disseminate improved completed reports of the five countries on a continuous basis thereafter
 - (iii) Develop an implementation plan for the 5 countries to implement the recommendations in their reports
 - (iv) Modify the tool for other countries to conduct the mapping
- Mobilize resources for implementing the above tasks.

Design Process for the DFID-China Global Health Support Programme

ACHEST was invited to support and participate in the Design Process for the DFID-China Global Health Support Programme through two missions: one week in Uganda on 12-17 February 2012 and two weeks in Beijing on 5-16 March 2012. The purpose of the Uganda mission was to analyse the potential demand in African countries for health technical cooperation with China, and accessing lessons from China's health development. This includes:

- Identifying the interest in health technical cooperation with China amongst Ugandan health policy makers, senior health officials, and other government officials;
- Identifying the interest in learning from China's health and development experience amongst Ugandan policy makers and public health researchers;
- Learning any existing lessons from Chinese cooperation with Uganda in the field of health development;
- Exploring potential opportunities and mechanisms for the GHSP to pilot Chinese cooperation with African countries, and how this could support and align with national health strategies;



- Assessing the potential benefits, outcomes and impacts of GHSP support for Chinese-African cooperation in health.

The mission in Uganda analysed the demand and explored opportunities relevant to other African countries and in addition explored immediate opportunities for Uganda. A strategic business case for the DFID-China Global Health Support Programme was developed and was scheduled to be launched in 2013 for implementation.

The Uganda National Association for Community and Occupational Health (UNACOH)

The ACHEST Director for Health Systems is the Chair of the Uganda National Association for Community and Occupational Health (UNACOH) which is the Public Health Association in Uganda and is a member of the World Federation of Public Health Associations (WFPHA) as well as a founding member of the African Federation of Public Health Association. UNACOH and ACHEST supported two man delegation to the 13th World Congress on public health held in Addis Ababa from the 23rd to 27th of April 2012 and contributed to the deliberations that made a call for health equity to act now on closing some of the critical gaps in global health and well-being.

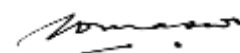
Participation at Regional and Global Fora:

ACHEST is now well established as an African civil society organization that is regularly invited as an accredited participant at meetings of the African Union/NEPAD, WHO Regional Committee for Africa, the East Central and Southern Africa Health Secretariat (ECSA) and is engaged with the leadership of all these institutions. At global level, ACHEST continued to participate at all the World Health Assembly 2012 where ACHEST supported technical discussions and published a policy brief entitled **Responding to the status of MNCH in Africa** by *Closing the implementation gap in scaling up the Health Workforce (HRH)*. ACHEST has in addition been active in many other global WHO Technical Committees. An outline of some of the key meetings where ACHEST has participated and made contributions will be prepared under a separate addendum.

ACHEST was invited to participate in the JALI conference at the Bellagio Center Italy. The conference was planned to consider what nature global engagement would be when the MDGs come to a close in 2015. ACHEST made a presentation was delivered in the plenary and the representative participated in one of the *Panel discussions on "Health Systems: Sustainability and Innovation": This panel addressed key features of the health systems that the Framework Convention on Global Health (FCGH) will support countries to develop, including how a FCGH could catalyze such health systems. Panelists covered topics including sustainability, innovation, community links, and connections beyond the health sector. Panelists included Robert Marten, Peter Eriki, and Armando de Negri.*

2012 Annual African Women Parliamentarians Conference Theme: The role of Parliamentarians in promoting maternal, new-born and child health in Africa. ACHEST addressed the parliamentarians on the "Tools for Parliamentarians to interrogate/monitor country progress towards the attainment of MDGs.

ACHEST was invited to participate in the World Health Organization African Region meeting in which wide range of health issues affecting the region were discussed. This is a meeting of Health Ministers. One of the important agenda item discussed and endorsed by the ministers was the Road map for scaling



up human resources for health for improved health care delivery in the African Region 2012-2025. ACHEST had been instrumental in the formulation and finalization of the Road map.

2.3. Human Resources for Health:

Medical Education Partnership Initiative (MEPI) and Training, Retention and Migration

The work on MEPI was built upon progress made in the previous year. Several activities were undertaken during the year 2012. These included

- Annual site visits to the implementing Universities.
- Annual Survey
- Annual Symposium
- Annual Planning Meeting for the Medical working group
- Annual retreat for MEPI CC
- Development of Technical Working Groups.
- Management meetings

Conducting Annual Site Visits

All the planned 11 site visits were conducted during the year. ACHEST CC coordinated and led the site visits to the University of Kwa Zulu Natal, Kilimanjaro Christian Medical University College, University of Zambia and Zimbabwe University College of Health Sciences. ACHEST faculty took part in meetings in preparation for the site visits including telephone conference calls, development of site visit documents communication with the PIs as well as finalization of site visit reports. The site visits to the other 7 universities were coordinated and led by George Washington University CC.

In both sets of visits, members from both CC and the USG participated in the actual visits.

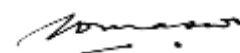
Annual Symposium

The annual symposium for 2012 was successfully organized by the Steering Committee comprising of the three Coordinating Centre PIs, Program officers from HARSA and NIH and three Implementing PIs. The symposium took place in Addis Ababa from August 7 – 9, 2012.

Over 250 health professionals, educators and policy makers attended the meeting, with representatives from the 13 MEPI schools and their consortium partners, the ACHEST and GW coordinating centers, US-partner institutions, and US and African government agencies.

The three-day symposium focused on the theme of “[Building Partnership and Enhancing Sustainability](#),” and featured plenary sessions, breakout sessions, and workshops that centered on the MEPI themes of increasing capacity, retaining medical graduates where they are needed, and enhancing regionally relevant research. Presenters from each of the MEPI schools had the opportunity to share best practices and innovations during the “[Successes, Challenges, and Innovations](#)” (SCI) sessions held each afternoon. [Posters](#) highlighting individual school efforts were available for perusal throughout the symposium. Interactive [workshops](#) on monitoring and evaluation, competency-based curricula, e-learning, medical education research, and community-based education provided a space for discussion and idea sharing on specific MEPI activities.

Professor Francis Omaswa’s opening address entitled “[Where Were We; Where Are We and Where Do We Go Next?](#)” provided a framework for participant engagement during the symposium. Professor



Omaswa emphasized that the global effort in the area of Human Resources for Health (HRH) has gained momentum in Africa; partnerships are starting to be formed between education and health systems and transformative educational innovations are beginning to show their potential. However, Professor Omaswa stressed that there is more that still needs to be done to see lasting results. He indicated that the MEPI network is well placed to engage in advocacy and coalition-building at the regional, national, and global levels in order to build a foundation for sustainability of the MEPI efforts.

Annual Survey for year 2

The second annual survey was successfully conducted, data analyzed and presented in MEPI 'Fact Book'

Annual Planning meeting for ACHEST staff/ Faculty

The annual planning meeting for ACHEST was held on 9th August, 2012. Six faculty members and three ACHEST staff attended and the plans for MEPI activities in 2013 were discussed and agreed.

Annual retreat for MEPI CC

The annual retreat for MEPI CC was held in December 11th – 12th 2012.

Significant achievements were noted during the review of the activities of year 2 of implementation and included:-

Successful completion of planned activities (11 site visits, organized a well attended annual symposium, Successful launch of TWGs, PI Council became prominent and is now a living entity, 10 newsletters were produced, 3 webinars were organized, published a paper in Health Affairs, worked to bring Capacity Plus collaboration, good collaboration between the two CCs)

MEPI has supported and sustained projects that started before MEPI and stimulated innovative, evidence-based curricula reviews and faculty development

MEPI as a catalyst is indirectly influencing health systems change

It was felt that MEPI has energized MEPI schools leadership and faculty, leased a "breath of fresh air in medical education in Sub-Saharan Africa" and spurred intra- and inter-country collaboration and interaction among schools, formation of consortia and sharing of resources

A number of challenges were also noted specifically on flow of funds, M&E and TWGs.

The unpredictable flow of funds from USG → WU → ACHEST is often frustrating and constrains the smooth running of activities.

On overarching evaluation of MEPI it was noted that MEPI specific impact will be difficult to attribute as there are many confounding factors? (*many other programs working in the same countries on medical education*)

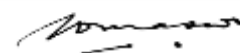
On the way forward the retreat agreed on consolidating what has been achieved, ensuring sustainability for medical education interventions by creating communities of practice through creating more south to south collaborations and networks and championing Country Coordination and Facilitation mechanisms to integrate school efforts with other health workforce efforts already in place in SSA

Development of TWGs

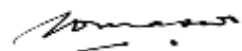
The development of TWGs did not progress as much as was anticipated probably because roles of anticipated players were not clear and there was need to define these roles. MEPI is still focusing on the six TWGs developed for 2012. This activity picked and a number of interested participants for each TWG and activity level have grown. It is anticipated that during the coming year, some of these will publish papers and other TWGs will be developed.

Technical Assistance/ Capacity Building

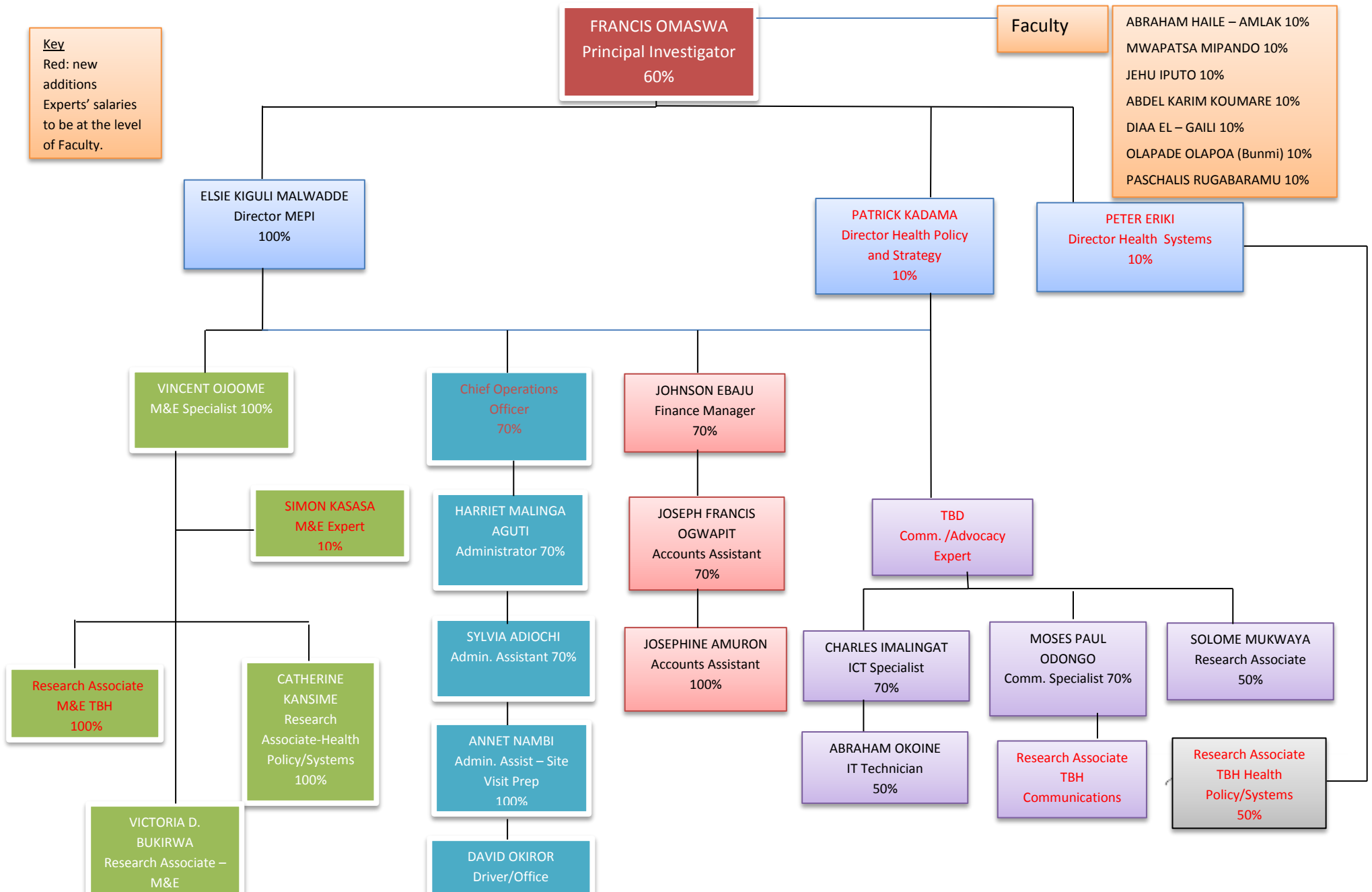
The Management Sciences for Health (MSH) sent a delegation of 3 people to ACHEST to aid capacity building for ACHEST in the area of Leadership, Management and Governance, 13-15th August



2012. There were general meetings with the ACHEST staff as well as individual interviews. A three day workshop was scheduled to take place early January 2013.

A handwritten signature in black ink, appearing to be "Thomas" with a horizontal line underneath.

The ACHEST MEPI Coordinating Center Organogram



MEPI - Management meetings

Weekly staff meetings between GWU CC and ACHEST CC continued through the year. Management meetings between the three PIs on policy issues also continued through the year.

Summary of planned activities for 2013

Annual Site Visits

Thirteen annual site visits will be conducted in 2013 with ACHEST leading six of them with addition of Stellenbosch University and University of Ibadan.

MEPI Annual Survey

ACHEST will participate in the year 3 annual Survey preparation and analysis

Annual Symposium

The third Annual Symposium is planned to take place in August 2013 in Kampala Kampala.

Technical Assistance

The Leadership Management and Governance activities with Management Sciences for Health for building ACHEST capacity will continue

Jointly with GW CC ACHEST will continue to review and provide TA as requested by Grantees

Develop and maintain web-based system for MEPI Activities

ACHEST will host 4 Webinars and post recordings to the Website as well as editing and posting Annual Symposium Videos to Website

MEPI Newsletter

ACHEST will create and distribute 6 Newsletters via the Website.

Development of TWGs

The agenda for the original six TWGs will be developed further and hopefully during the coming year, some of these will publish papers and other TWGs will be developed.

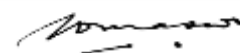
Meetings

Annual planning meeting for ACHEST staff and faculty and retreat for MEPI CC will be organized during 2013. Weekly staff meetings (GW/ACHEST staff) and Management meetings (GW/ACHEST PIs) will be conducted through the year.

African Platform on Human Resources for Health (APHRH):

On 13th arch 2012, ACHEST hosted a meeting of the Board of Directors of the APHRH in Kampala that was well attended and where key donors and GHWA were represented. The APHRH Board decided that ACHEST should host the Secretariat of the APHRH for the next three years in order to consolidate gains that have been made in coordination and to pave the way for WHO and African Union Commission to agree on the location of the Permanent secretariat. It was decided that funding of this secretariat should be sought in consultation with the GHWA as most donors had already negotiated funding channels with GHWA. Site Savers has signed an MOU with ACHEST to provide support to the APHRH secretariat in the amount of \$ 60K annually.

Key activities:



- (i) African Voice on HRH: As Secretariat of the APHRH, ACHEST has used communications facilities of Ashgovnet to speak out as the African voice on the role played by external partners in the African Health Workforce issues. An example is the series of meetings on Community Health Workers that were completely uncoordinated. Following the intervention of APHRH, the players were brought together along with GHWA.
- (ii) Mapping of African HRH Institutions: ACHEST received a grant from GHWA to undertake a mapping of African Institutions that are engaged in HRH work. The Mapping report is available.
- (iii) Eye Care Health Workers: ACHEST participated as a regional meeting of the Site Savers conference in Nairobi on the role of Eye Care Health Workers.
- (iv) WHO Code on the International Recruitment of Health Personnel: Provided Technical Assistance to the ECSA secretariat in training of senior health ministry officials on the WHO Code on the International Recruitment of Health Personnel in Nairobi.
- (v) 3rd Global forum on HRH: ACHEST is a member of the Forum Organizing committee and the ED attended the first meeting of the FOC in Geneva in November 2012.
- (vi) African Roadmap on HRH led by the WHO Regional Office for Africa received strong contributions by APHRH and ACHEST as part of the drafting committee of the Roadmap.

2.4. Service Delivery Program support:

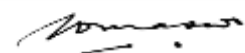
Revitalizing the Immunization program in Uganda

The anticipated direct peer support in 2012 from ACHEST for the Child Immunization Program in Uganda was not possible owing to non-availability of ministry of health counterparts in the program. Never the less, ACHEST was requested to participate in a technical capacity by the Uganda Academy of Science, on the Advisory Committee on Vaccines and Immunization (ACVI). The mandate of the ACVI is to advise and guide the Ministry of Health in particular and the country at large on the effective use of vaccines to control vaccine-preventable diseases; the introduction of new and underused vaccines into the national health system; how to strengthen Uganda's health system to better deliver life saving vaccines; and on issues connected to immunization practice. ACHEST was requested to oversee the technical assessment of the immunisation program in the country and to develop options for action to improve on the situation. The ACVI developed a policy brief from the report of the assessment to advise the top management of the Ministry of Health and which was well received. ACHEST has continued to actively participate in the activities of ACVI.

Addressing the challenges of Maternal, Newborn and Child Health (MNCH) in the region

In November 2011 ACHEST was selected to be the focal point for this work in Uganda to mobilize future civil society participation in collaboration with World Vision (Uganda). Oversight of coalition activities undertaken include:

- *Supporting the development of national advocacy coalitions and plans*
- *As Phase one, conduct a rapid mapping exercise to identify existing NGOs and CSOs involved in MNCH activities in Uganda. ACHEST conducted this exercise, whose results informed the Phase two activities.*
- *Phase two, ACHEST and World vision applied for small grant from the global partnership based in WHO Geneva. The small grant was received and coalition members are supported to*



organize national stakeholder advocacy meetings and the development of advocacy plans and budgets based on identified needs.

3. THE ACHEST SECRETARIAT

Governance, Management and Administration

Profile of ACHEST: African Centre for Global Health and Social Transformation is an initiative promoted by African and International leaders on Health and Development.

The ACHEST Secretariat:

Institutional Corporate Governance Capacity Development:

The founding documents of ACHEST specifically express the aspiration to have it governed as “not for profit organization that applies internationally accepted governance principles and standards”. In order to attain governance standards of international level, ACHEST approached USA government agency, PEPFAR in 2010 for support for capacity development in corporate governance. During 2012 the USAID contracted Management Sciences for Health (MSH) to work with ACHEST over a three year period (2012 – 2015) to undertake comprehensive institutional capacity building interventions with ACHEST. Accordingly a program of work is being implemented to ensure that the highest standards and practices are operational in governance, financial management, human resources, procurement and resource mobilization.

A new Organogram has been developed and all ACHEST governance documents are being updated. A self-perpetuating Board Directors with an initial six members has been appointed and will grow to a maximum of 13 members in the future. The Advisory Board has been renamed The Advisory Council will have a maximum of 19 members. Technical Working Groups and Networks are provided for in the new governance structure of ACHEST.

Due to the growth in the volume of work especially with respect to taking on increased responsibilities for leadership in MEPI, new staff; namely one Administrative Assistant and Accounts Assistant and two research Assistants, were recruited at the end of the year with the aim for them to report for work at the beginning of 2013.

Organizational structure and the Organization capacity built.

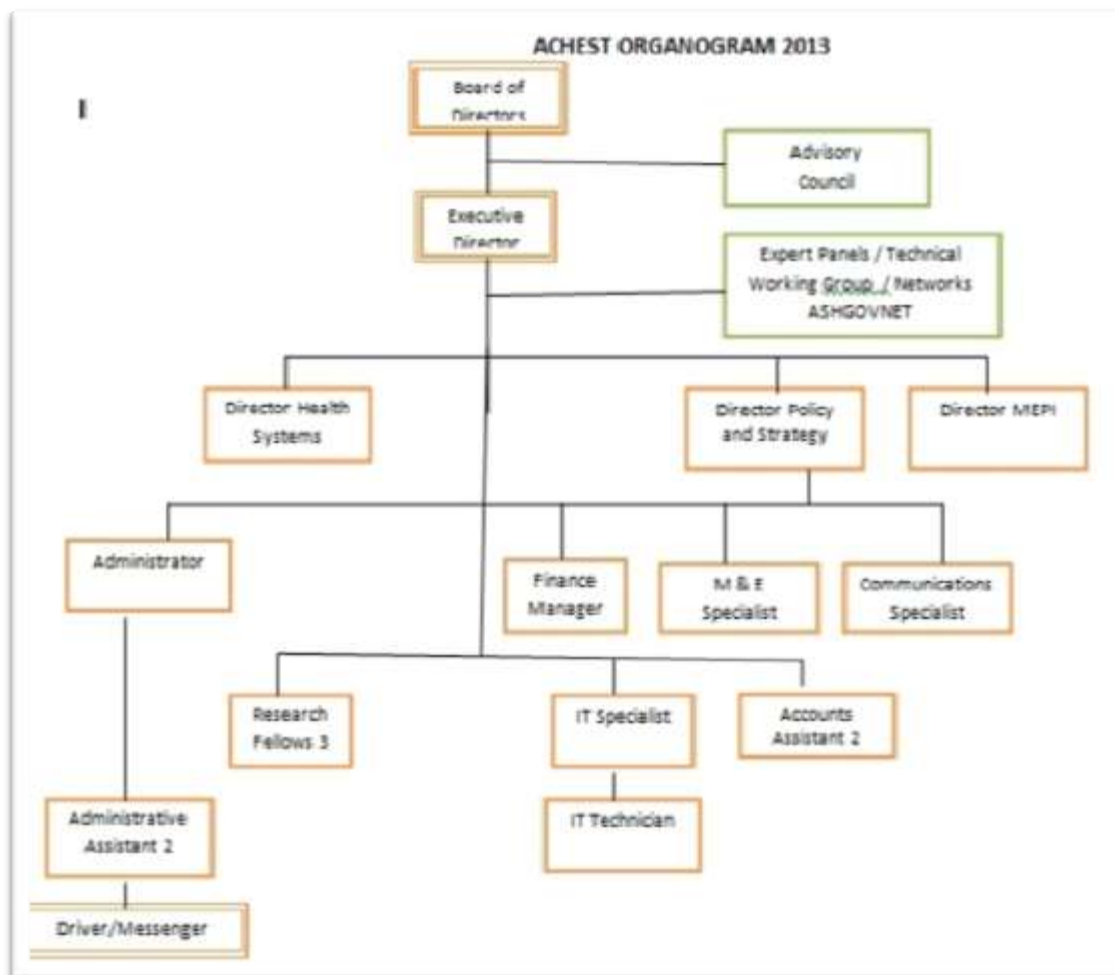
The organization, in



Figure 2 ACHEST Secretariat Staff with Visiting MSH Staff – Aug 2012

[Handwritten signature]

partnership with the Management for Health Sciences (MSH) has had capacity building workshops geared towards improving the skills and capacity of ACHEST staff. The workshop was held in September 2012 and a follow up in January 2013. During this workshop, areas where the organization needs improvement were identified and the process is an on going process towards achieving the goals the organization has set to achieve. The areas include; updating the Strategic Plan, putting in place a communications strategy, improving the Finance and Administration processes of the organization among others.



III. Major Achievements during the year

- Successfully hosting the Advisory Board, 2nd Ashgovnet Congress, and APHRH Board meetings in Kampala
- Completing the printing of the HRPI country reports
- Appointment of the Executive Board
- New Finance Manager and additional staff recruited to boost the capacity of the organization

iv. Challenges

There have however been some challenges as well;

- Lack of equipment to efficiently run the office.

The power supply and internet service providers are not consistent and there is fluctuation which sometimes causes loss of data and damage to the computers. There have been plans to have a VSAT and stand in power generator for the organization but the process of acquiring the equipment has however stalled because of financial and other challenges.

- Office space

As the organization is growing and more staff being recruited, the available space will not be enough in the near future.

Information Communication Technology (ICT) for ACHEST

Strategic Communications is one of the pillars of the work of ACHEST. It is therefore important for the organization to possess modern ICT capabilities and to effectively use them to promote and achieve the goals of the organization. ICT being a backbone for communication in the organization, ACHEST has an operational ICT department in place with a Communication specialist, Information Technology specialist and a technician.

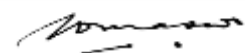
ACHEST is currently implementing various projects; secretariat for African Health Systems Governance (ASHGOVNET), African Platform for Human Resources in Health (APHRH) and African Coordinating Centre (ACC) for the Medical Education Partnership Initiative (MEPI). ACHEST also conducts research and consultancies on various areas of interest. These are always shared through publishing ASHGOVNET bimonthly blogs and newsletters on the ACHEST website and also sharing topics and ideas between various stake holders using the group emailing lists managed by ACHEST IT team.

ACHEST has moved a step ahead in upgrading its communication systems to suit the increasing tasks performed. ACHEST in its initial stages had few data and voice connections and it was using 256kbps bandwidth but for the past three years now the number of data and voice connections has steadily increased. There is therefor need for ACHEST to upgrade its information communications systems; in this regard and ACHEST installed a new PBAX machine for expansion to allow new data and voice connections and also upgraded its bandwidth to 512 kbps.

As a way of building capacity the ACHEST IT team together with other staff has already attended two capacity building workshops organized by Management for Health Sciences (MSH). The IT Specialist (Charles Imalingat) also attended communications training at the George Washington University (GWU) to improve on the communication strategies and practices.

The Information Technology (IT) Staff Scope of Work is as follows:

- Conceptualize and Develop ICT capacities in the Education, Evaluation and Research of the Africa Coordinating Centre (ACC).
- Work with the Communication Cluster of the George Washington Coordinating Centre on the development and management of the websites.
- Carryout regular backups and monitor the process of data management from the site visits, evaluations and cluster meetings.
- Train staff on the use of technical programs of data collections and analysis.
- Carryout ACHEST website maintenance and ensure that the website is effectively running, creating forms for comments and links where the information is posted.



- Plan and advice on the procurement of the communication equipment at the ACC.
- Maintain Electronic equipment at the ACHEST.
- Troubleshoot computer and Internet related problems .
- Supervise and monitor the overall performance of the communication equipment at ACHEST.

ACHEST being the ACC for MEPI, George Washington (GW) will also transfer 10% of its website management and 50% of the webinar management which include webinar idea generation, arrangement, initiation and execution (3 out of 6 webinars). The capacity building technical assistance will be provided to ACHEST CC IT team by the MEPI CC communication cluster lead at GWCC.

In addition GWCC will assist ACHEST CC in selection of appropriate website management short courses for ACHSET CC IT team. ACHEST went ahead to plan for the procurement of a VSAT but was not implemented due to financial constraints. There is also need to purchase more equipment like a server machine and a bigger generator to run the server system. ACHEST has the plan to upgrade its website and include website monitoring tools so as to know how website viewers access the website. ACHEST is also in the process of developing a searchable database where data about ACHEST can be traced across the globe online.

4. FUNDING

ACHEST is a not for profit organization funded through grants from Development Partners, commissioned work, consultancies and has completed four projects that are relevant to the mission. It is expected that in the long run ACHEST should become self sustaining as much as possible. The organization funded through Grants and Contributions from Development Partners, commissioned work and Consultancies.

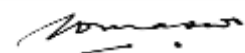
During the year, a new Finance Manager was recruited and this has helped create greater confidence in our Development Partners. We have been able to achieve full compliance with all statutory bodies in all our current obligations.

Reforms in Financial Management are being undertaken with partnership from Management Sciences for Health (MSH) under the Leadership, Management & Governance (LMG) Project with funding from the USAID.

Financial Management Processes and Systems are being strengthened through the use of the Financial Management Tool (FinMAT) which enables a detailed Systems and Procedures review of ten key financial management components:

- Budgeting;
- Accounting and recordkeeping;
- Purchasing and Procurement;
- Payroll;
- Timely payment and invoicing of goods and services;
- Cash Management;
- Stock, Inventory and Fixed assets;
- Audit; and
- Use of information.

In order for the FinMAT to be effectively used, the necessary Financial Policies and Manuals will be reviewed by ACHEST with the assistance of MSH. This will involve major reviews of the Human Resources and Finance Polices. The relevant Manuals such as; Purchasing/Procurement, Travel, Cash

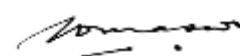


Management (signatory authority levels), Non-Current Assets, will therefore be further developed in order to enhance the current Internal Controls Procedures.

It is envisaged that in the long-term, ACHEST should become self-sustaining as much as possible. This will be reviewed together with support from MSH under LMG to ensure that Revenue Generation Systems and Practices are put in place in order to ensure sustainable income streams for the attainment of our objectives. ACHEST is endowed with highly skilled human resources whose potential will be used to generate self-sustaining income through consultancies.

Annex 1: Staff List of ACHEST

S/N	NAME	TITLE	FROM
1.	Prof. Francis OMASWA	Executive Director	1 st August 2008
2.	Dr. Peter ERIKI	Director Health Systems	1 st March 2011
3.	Dr. Patrick KADAMA	Director Policy and Strategy	5 th July 2011
4.	Dr. Elsie KIGULI MALWADDE	Director Medical Education Partnership Initiative (MEPI)	1 st July, 2011
5.	Dr. Vincent OJOOME	Head Monitoring and Evaluation	3 rd January, 2011
6.	Mr. Joseph OGWAPIT	Accounts Assistant	11 th August,2011
7.	Ms. Harriet AGUTI MALINGA	Administrator	1 st October,2010
8.	Mr. Charles IMALINGAT	IT specialist	1 st July,2011
9.	Ms. Sylvia Marrison ADIOCHI	Administrative Assistant	1 st July,2011
10.	Mr. Moses ODONGO	Communications Specialist	7 th October,2009
11.	Mr. Abraham OKOINE	IT Technician	1 st July, 2011
12.	Mr. David OKIROR	Transport Officer	1 st December,2008
13.	Mr. Johnson EBAJU	Finance Manager	20 th January,2012
14.	Ms. Solome MUKWAYA	Research Fellow	4 th January,2012

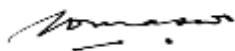


Annex 2: The 2nd Ashgovnet Congress - List of Participants

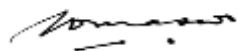
Attendance List for the 2nd Congress on African Health Systems Governance

20th -21st March, 2012 Imperial Royale Hotel Kampala

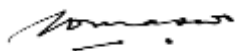
SN	NAME	ORGANIZATION/COUNTRY	E-MAIL CONTACT	TEL. CONTACT
1.	Dr. Rabson Kachala	MOH Malawi	mbewekachala@yahoo.com	265-999 944 386
2.	Mr. Joe kalilangwe	MOH Malawi	Kalilangwe_joe@yahoo.com	265-999 511749
3.	Dr. Mariam Ongara	MOHSW Tanzania	mariamdoge@yahoo.com	255 754 262366
4.	Dr Margaret Phiri	WHO AFRO	phirim@bf.afro.who.int	266 780 226 59
5.	Dr. Kimani Isaac	MOH Kenya	isaackimanidr@yahoo.com	254 722761746
6.	Dr. Patrick Kadama	ACHEST	Kadamap2@gmail.com	256 712 606227
7	Morris Konan Kouame	AFHEA Senegal	morrisdekouame@yahoo.fr	+21774421968
8	Dr. Joaquim Saweka	WHO Uganda	sawekaj@who.int	0414 335500
9	Bjarne Garden	NORAD	Bjarne.garden@norad.no	+47 90934504
10	Prof. Miriam K Were	GHWA Kenya	Miriam@were.or.ke	+0722 204 917
11	Prof. David Sanders	Univ. Western Cape S. Africa	Sandersdav5845@gmail.com	



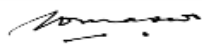
SN	NAME	ORGANIZATION/COUNTRY	E-MAIL CONTACT	TEL. CONTACT
12	Hon. Blessing Chebundo	SEAPACOH	chebundobmc@yahoo.com	263 773014516
13	Lord Nigel Crisp	House of Lords	zen50275@zen.co.uk	
14	Dr. Christina Kadama	GC	kadamacw@yahoo.com	0712532158
15	Gilbert Ronald Mliga	MOHSW Tanzania	gilbertmliga@yahoo.com	255 784 788 052
16	Immaculate Chamangwana	MOH Malawi	chamangwanaimmaculate@yahoo.com	265 888865752
17	Samwel Ogillo	APHFTA Tanzania	ogillo@aphfta.org	255 754 520396
18	Ronnie Graham	Sightsavers	rgraham@sightsavers.org	
19	Ademola Olajide	African Union Commission	OlajideA@africa-union.org	
20	Nirmala Ravishankar	Inst. For Collaborative Development kenya	nrvishankar@collaborativedev.com	
21	Nzomo Mwita	Amref Kenya	Nzomo.Mwita@Amref.org	254 734440462
22	Lucas Adetokunbo	Nigeria	adelucas@aol.com	
23	Godfrey Sikipa	MSH ASH	gsikipa@msh.org	
24	Caroline Kiio	MOH Kenya	cakiio@yahoo.com	254 725486878
25	Peter Eriki	ACHEST	peterikip@yahoo.com	

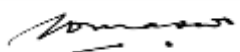


SN	NAME	ORGANIZATION/COUNTRY	E-MAIL CONTACT	TEL. CONTACT
26	N. Paranietharan	USAID Uganda	nparanietharan@usaid.org	0772221703
27	Prof. Francis Omaswa	ACHEST	omaswaf@achest.org	
28	Dr. Catherine Omaswa	eHSU	comaswa@gmail.com	0772466469
29	Dr. Harrison Kiambati	MOH Kenya	hkiambati@yahoo.com	0734482696
30	Dr. Peter Waiswa	MUSPH	pwaiswa2001@yahoo.com	0772405357
31	Dr. Jason Mochache	AfDB Uganda	jmochache@afdb.org	0785593140
32	Dr. Florence Nantulya	ACHEST	nakimwero@yahoo.com	0776867149
33	Johnson Ebaju	ACHEST	jeebaju@achest.org	0772426124
34	Dr e Kiguli Malwadde	ACHEST	kigulimalwadde@achest.org	0782410876
35	Edrine Wanyama	CEHURD	edrnewanyama@gmail.com	0782058298
36	Juliet Bataringaya	WHO	bataringayaj@who.int	0313335500
37	Mukwaya Solome	ACHEST	Mukwayas37@yahoo.com	0772572991



Annex 3: THE ANNUAL FINANCIAL REPORT OF IMPLEMENTATION: ACHEST INCOME AND EXPENDITURE STATEMENT FOR THE PERIOD JAN-DEC 2012

THE ANNUAL FINANCIAL REPORT OF IMPLEMENTATION: ACHEST INCOME AND EXPENDITURE STATEMENT FOR THE PERIOD JAN-DEC 2012					
DATE	SOURCE	INCOME	EXPENDITURE	BALANCE	COMMENT
	GEORGE WASHINGTON UNIVERSITY	339,701.20	339,701.20		
11/04/2012	GWU-MEPI PROJECT	70,537.62	70,537.62	-	ON GOING
13/07/2012	GWU-MEPI PROJECT	64,970.00	64,970.00	-	ON GOING
06/08/2012	GWU-MEPI PROJECT	1,400.80	1,400.80	-	ON GOING
17/09/2012	GWU-MEPI PROJECT	59,075.25	59,075.25	-	ON GOING
17/09/2012	GWU-MEPI PROJECT	31,784.00	31,784.00	-	ON GOING
29/10/2012	GWU-MEPI PROJECT	101,042.00	101,042.00	-	ON GOING
29/11/2012	GWU-MEPI PROJECT	534.01	534.01	-	ON GOING
03/12/2012	GWU-MEPI PROJECT	10,357.52	10,357.52	-	ON GOING
	TOTAL	339,701.20	339,701.20		
	NORAD	510,959.51	524,566.23		
10/05/2012	NORAD CORE SUPPORT	258,362.93	258,362.93		ONGOING
15/08/2012	NORAD CORE SUPPORT	252,596.58	260,471.56		ONGOING
	TOTAL	510,959.51	518,834.49	- 7,874.98	
	WORLD HEALTH ORGANISATION	40,932.00	15,988.00		
11/06/2012	WHO (SPECIFIC ACTIVITIES)	9,994.00	9,994.00		RETIRED
03/12/2012	WHO (SPECIFIC ACTIVITIES)	24,944.00	-	24,944.00	ON GOING
05/12/2012	WHO (SPECIFIC ACTIVITIES)	5,994.00	5,994.00		RETIRED
		40,932.00	15,988.00		
JRS BIODIVERSITY					
04/07/2011	JRS BIODIVERSITY	29,994.00	29,994.00		ONGOING
INCOME AND EXPENDITURE SUMMARY					
FOR THE PERIOD JANUARY -DECEMBER 2012					
PERIOD	SOURCE	INCOME	EXPENDITURE	BALANCE	
Jan-Dec 2012	GEORGE WASHINGTON UNIVERSITY	339,701.20	339,701.20	-	
Jan-Dec 2012	NORAD	510,959.51	518,834.49	- 7,874.98	
Jan-Dec 2012	WORLD HEALTH ORGANISATION	40,932.00	15,988.00	24,944.00	
Jan-Dec 2012	JRS BIODIVERSITY	29,994.00	29,994.00	-	
Expected receipts were \$517,241 but actual receipts was \$510,959.51. Out of a total variance of \$7,874.98					
The difference of \$6,281.49 arose from Cross-border banking charges while the balance of \$1,593.49 was from Foreign Exchange losses					
					



Thomas