VISION STRATEGY PROGRAMS

African Centre for Global Health and Social Transformation (ACHEST)

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The African Centre for Global Health and Social Transformation
VISION, STRATEGY & PROGRAMS

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ACKNOWLEDGEMENT

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GENERAL INSTITUTIONAL INFORMATION

1.1 Name of Institution:
African Centre for Global Health and Social Transformation (ACHEST).

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1.1 Establishment / Incorporation
ACHEST was first incorporated in Uganda on 11th July, 2005 by Professor Francis Omaswa and Dr. Catherine Omaswa. It is fully registered as a non-profit company limited by guarantee without share capital. Initially, ACHEST established an office in Kampala, Uganda with the support of a donation from DFID.

However, its programmes had to be suspended as the leading promoter of the organisation Francis Omaswa left the country to take up an appointment as Special Adviser to the Director General of WHO in Geneva, where he served as the founding Executive Director of the Global Health Workforce Alliance.

Having successfully completed this assignment in May 2008, Professor Omaswa, has consulted widely with African and international colleagues, who encouraged him and reaffirmed the relevance and timeliness of this idea. He is now applying his energies to developing ACHEST as a viable African and Global institution.

1.2 Evolution of a strategic framework for ACHEST
A start-up strategic framework to guide the work of ACHEST was launched in October 2008. Since that time ACHEST has undergone a number of changes and its capacity has expanded tremendously along with its scope of work within the focus areas set out in the start-up strategic framework.

It is in light of this that in 2012 ACHEST commenced work with strategic partners with support from USAID under the MSH/LMG project, to review and update its strategic framework. This updated version of the ACHEST strategic plan is a result of this work produced in the first quarter of the year 2013. The mission, strategies and activities have been updated and institutional core values have been articulated.

BACKGROUND, INSTITUTIONAL CONTEXT AND JUSTIFICATION

1.1 Background, Institutional Context
2.1.1. The need for an independent African based Think-Do Tank that brings together individuals and institutions with hands-on experience in planning and managing health and development programs in Africa in the context of the global and regional environment has been apparent for a long time.

However, the matter has become more urgent in the face of the current burst of interest and a flurry of global activities aimed at supporting Africa's aim to achieve the Millennium Development Goals and address the broader development agenda including equity and social justice, gender and the impact of globalisation and climate change.

This interest has come with its own challenges which call for African rooted institutions to strengthen Africa's negotiating and response capacity to country and global challenges. The need for independent African Think Tanks has been recognised by developed country governments. It has been noted that technical assistance provided by developed country based individuals and institutions has not succeeded in building the capacity of African institutions despite consuming significant resources.

ACHEST aims at providing a platform that will enable Africa to build country based leadership and implementation capacity and for Africa to contribute better and get the most from her engagement with the rest of the globalised world in dealing with existing and emerging health challenges.

2.1.2. The contemporary history of the economic, social and political development in Africa has oscillated from great expectations before and immediately after independence when Africans had a feeling of "yes we can". This was followed by general decline and demoralization when outside people came to tell Africa what and how to do things in the continent; and now, we are getting back to an era of a new hope, an opportunity for Africans to rebuild self-confidence and own capacity to transform their societies.

This era of the new hope has produced a number of movements that are rebuilding Africa's self-confidence and putting Africa back on the development path. These include, among others, the Millennium Declaration containing the MDGs, major conventions on gender equality in the Beijing and Cairo declarations; and major development conferences in Monterey, Rome, Paris and more recently in Accra. This movement and effort can be equated to those that led to the eradication of slavery and abolition of apartheid.

2.1.3. On top of all this, new health and development challenges have also emerged among which the Human Immunodeficiency Virus (HIV) and the resulting disease the Acquired Immunodeficiency Syndrome (AIDS), as the world struggles to feed an ever increasing population with new ways of animal husbandry diseases such as avian influenza, SARS and Swine flu have surfaced and threaten global health and economic security, climate change has introduced new epidemics to previously protected populations, of which, examples include highland malaria, rift valley fever and cholera.

Old epidemics such as TB and sleeping sickness have come back with vengeance on the back of other diseases. Some are resistant to all drugs while others have no cures in sight. With quick transportation and free movement of people and goods, health has now entered the arena of global foreign policy and a movement to define and operationalize this stream of global work is in advanced stages.

2.1.4. It is against this background that ACHEST was incorporated in 2005, propelled and grounded in the experience gained in negotiating and implementing reform programs for health services in Africa, the setting up of global institutions such as the Global Fund to Fight AIDS TB and Malaria (GFATM), the Stop TB Partnership and other Global Health Initiatives (GHIs), negotiating the Paris Declaration on Aid Effectiveness and participation in national and global health fora.

The need and place for ACHEST as an independent and African rooted Think Tank with a global lens became a very clear necessity. Further experience gained more recently in launching the Global Health Workforce Alliance has highlighted the urgency of supporting professional capacity building in low income countries. Consultations with a network of colleagues and institutions in Africa and around the world have reinforced the need for this Think Tank. ACHEST therefore holds potential to support this effort and contribute to Africa's social and economic transformation as well as improving the quality of Africa's contribution and participation in the global arena and implementation capacity at home.

JUSTIFICATION - WHAT ADDED VALUE DO WE BRING AS ACHEST?

This decade has witnessed a welcome burst of interest and a flurry of matching activities aimed at promoting equity and social justice and addressing the gross and embarrassing disparities that exist in the quality of life between human populations in our one globalised world. Africa is a continent that has witnessed for the first time in history a collapse in life expectancy and is struggling and lagging behind in achieving the globally set targets enshrined in the MDGs.

However, there is now abundant evidence to show that past and current efforts at identifying and implementing solutions that are handed down from outside and are not rooted in the history and culture are not effective. Ownership of these solutions by African countries and populations has repeatedly failed to take root and as the result such solutions have not achieved their full potential and, in some cases, they have done more harm than good.

The value added of ACHEST, at continental and country level, is to strategically promote and advocate the use of well-grounded knowledge and evidence to strengthen Africa's professionals' and institutional capacity to provide transformational leadership to society, countries and the world; to apply constructive and targeted strategic communication at all levels to catalyse the needed behaviour change.

VISION AND STRATEGY

Who are we?

The African Centre for Global Health and Social Transformation is an initiative promoted by a network of African and international leaders in health and development who have gained first-hand experience in planning and implementing health and development programs in Africa and at international level. It is an independent "Think Tank and Network."

What is our Vision?

Africa is a people-driven continent enjoying the highest attainable standard of health and quality of life.

What is our Mission?

To promote social justice and equity through evidence-based and technically sound health policies and strategies that are owned and driven by African populations themselves.

What are our Core Values?

- Honesty, trust and transparency
- Integrity
- Mutual respect
- Valued and diverse employees
- Equal opportunity for professional growth and fulfilment
- Camaraderie and sense of belonging
- Commitment to professionalism and quality
- Motiving and inspiring work environment
- Team work
- Gender sensitivity

What is our Strategy?

To achieve our mission, ACHEST will strategically:

• Forge alliances and partnerships with individuals and organisations within Africa and round the world;

• Conduct policy and strategy oriented research focused on Africa's engagement with global partners in health, economic and social development;

• Promote and advocate for the development of capacity of African professionals and institutions to pursue excellence and to engage as active change agents in their communities, countries and global arena and

•Develop and implement strategic communications with African and global leaders with targeted outreach to civil society, policy makers and professionals.

OPPORTUNITIES AND POSITIVE TRENDS FOR ACHEST

Opportunities
- Debate on post MDG's 2015 is the target date and preparations are underway for the next MDG's
- Universal Health Coverage
- Global debates on Health Professionals: Critical Shortages of health professionals
- Overseas Development assistance and the need to guide civil society groups

Positive Trends
- On-going debates of MDG's where ACHEST will be an active contributor and where the agenda is now at the highest United Nations bodies
- Advocate for the Universal Health Coverage at different levels (Rockefeller Foundations, WHO
- ACHEST is the secretariat for APHRH and various African regional institutions and networks engaged in the global health debate
- ACHEST is also active in the global arena for policy eg. Policy council, MCH
- Resources have started flow from various partners

What does the ACHEST as an organization do well?
- Participates in global health debates effectively
- Conducts massive amounts of research

What do others say about ACHEST
- A Chinese colleague said being at ACHEST is the most opportune place to be
- ACHEST Won the competition to become the coordinating center for MEPI (medical education Partnership Initiative

Challenges
- Limited human resources for research
- Financing needed for infrastructure and human resources

Competitors

Various institutions are struggling to have a team to manage projects in health professional education and global governance such as ACHEST is conducting. Schools of public health in Africa and a few emerging non-state research organisations are now active in thses filed in Africa.

Challenges
- Resource mobilization
- Information and Dissemination capacities not fully developed
- Documentation of ACHEST's work is still incomplete
- Amassing a lot of work without adequate compensation and technical staffing

GOVERNANCE AND MANAGEMENT

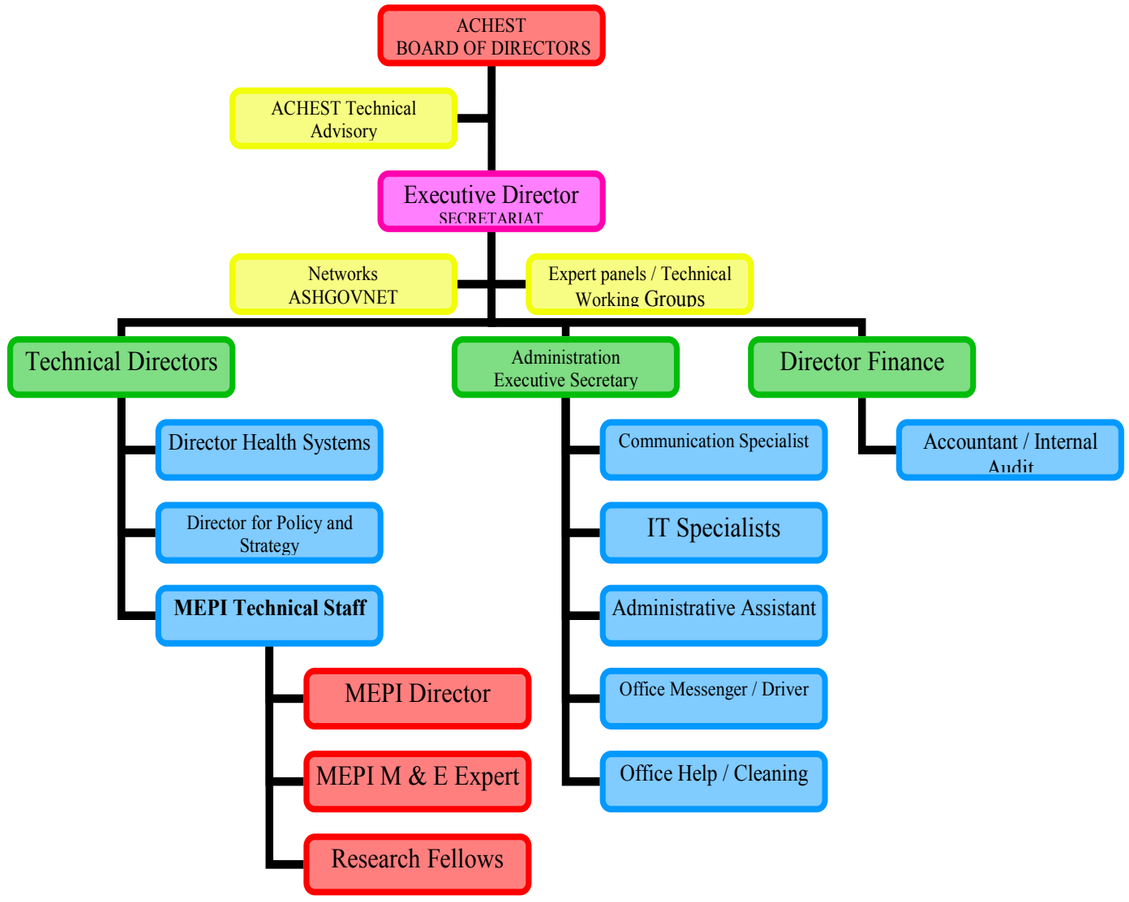
How are we governed?

ACHEST is incorporated and registered in the Republic of Uganda as not for profit organisation and applies internationally accepted governance principles. The management organs include: The Executive Board; the Advisory Board, Expert Panels, and The Secretariat each of which has clearly defined roles.

ACHEST is also registered in the U.S.A as ACHEST Inc as a 501(c)3 non profit organization and applies USA governance principles. Management organs include a board of directors and a secretariat.

The governance structures have been established in strict compliance with the laws of Uganda and will in general adhere to internationally accepted corporate governance practices. The current organogram of ACHEST is set out in Figure 1 below.

Figure 1: The ACHEST Organogram



THE EXECUTIVE BOARD OF ACHEST

The Executive Board has been fully constituted. It comprises a multi-disciplinary group of eminent persons in Uganda from the fields of Finance, Law, Medicine, Health Research, Public Health and Sociology. Names of the current Board Members are set out in Table 1 below.

TABLE 1: MEMBERS OF THE EXECUTIVE BOARD OF ACHEST

NAME OF BOARD MEMBER	BACKGROUND OF BOARD MEMBER	EMAIL ADDRESS
Prof Florence MIREMBE	Medical Specialist /Obstetrics and Gynaecology	*flomir2002@yahoo.com*
Prof Vinand NANTULYA	Public Health Specialist & Research	*vnantulya@gmail.com*
Prof Fredrick SSEMPEBWA	Legal expert / Eminent Legal Practitioner	*efa@kats.co.ug*
Hon. Ben Okello-LUWUM	Finance expert / Eminent Accountant	*bvl@africaonline.co.ug*
Dr. Sarah BYAKIKA	Public Health Expert	*sarahbyakika@hotmail.com*
Ex Officials who comprise all directors and the secretary of the ACHEST Board	■ Prof Francis OMASWA ACHEST Executive Director and Board Secretary ■ Dr Peter ERIKI Director – Health Systems and Deputy Exec Director ■ Dr Else Kiguli-MALWADDE Director MEPI ■ Dr Patrick KADAMA Director for Policy and Strategy ■ Dr Vincent OJOOME (M & E Specialist) ■ Johnson EBAJU (Finance Manager) ■ Harriet Aguti MALINGA Exec. Secretary ■ Moses ODONGO Communication Specialist	*omaswaf@yahoo.co.uk* *peterikip@yahoo.com* *kigulimalwadde@gmail.com* *kadamap2@gmail.com* *vincentojoome@gmail.com* *jeebaju@gmail.com* *malingah@yahoo.com* *modongo@achest.org*

TECHNICAL ADVISORY BOARD COMMITTEE

The Technical Advisory Board Committee of ACHEST was constituted in 2008/2009 and meets every two years. It comprises a team of international experts in health systems.
It's current members are set out in the table 2 below:

NO	NAME	CURRENT POSITION
1.	Professor Miriam WERE	Formerly Chair, National Aids Control Council of Kenya
2.	Professor David SANDERS	Dean University of Western Cape RSA
3.	Dr. Vinand NANTULYA	Public Health Specialist
4.	Lord Nigel CRISP	House Lords, UK
5.	Dr. Peter PIOT	Director, Centre for Global Health at Imperial College, University of London
6.	Professor Adetokunbo	LUCAS Nigeria and Harvard University
7.	Dr Jo Ivey BOUFFORD	President New York Academy of Medicine
8.	Dr Salif SAMAKE	Director Planning, MOH Mali

THE SECRETARIAT STAFF

ACHEST commenced formal operations in October 2008 with a plan to start with seven core staff to be supported with a multiyear core grant from a donor or donors. At its inception, the plan was to start with a few core staff and recruit additional employees as the work unfolded. Accordingly the following were over time recruited: Executive Director, three Technical Directors Monitoring and Evaluation Expert, Senior Research Fellows, Finance Manager, Administration Manager, Communications Officer, IT support staff, Administrative and Accounts Assistant and, Driver/messenger. Some of the contracted work is out-sourced to consultants with oversight and direction provided by ACHEST technical staff.

<u>Financing</u>
ACHEST is financed through three main sources:
Seed Funding and Core grants for capacity development from strategic partners;
Funding for commissioned work under ear-marked specific program projects;
Receipts from consultancy work

ACHEST start-up was initiated with seed funding from a strategic partner, the government of Sweden and subsequently capacity has been developed by means of a core grant from the Government of Norway. These strategic partners along with others such as the USAID, the Rockefeller Foundation, Global Health Work Alliance, Sight Savers International and the World Health Organisation have in the meantime also funded technical program undertakings by which ACHEST has initiated activities as set out in annual and bi-annual reports.

ACHEST acknowledges with gratitude a one year start-up core grant from SIDA for the year 2008/2009 and from NORAD for the years 2010/2011 to 2012/2013. Funding has also been sourced from contracts for commissioned work in particular for ACHEST to take on the role of a Coordinating Centre for the

USAID funded Medical Education Partnership Initiative (MEPI). Additional funds are on a continuing basis being solicited from various other sources to roll out more technical programs. Consulting contracts have also been secured for specific studies.

In building capacity to sustain a focus upon the vision and mission of ACHEST, it will be important in the short to medium term, to continue securing core funding from partners for pursuing strategic goals and programs, operations and running costs of the secretariat. Prospects for success will be better through this approach as compared to raising operating costs principally through contract and consultancy work, which in the long run will inevitably form part of the activities. To achieve this, ACHEST shall continue dialogue and negotiations with bilateral, multilaterals as well regional and national partners to solicit for such core financing support and, including convening of consortia of donors to discuss long term priorities and support with the aim of agreeing on key programs that will receive multi-year funding

In additional to the effort set out above, ACHEST plans to provide Advisory services to partners and client groups to undertake commissioned as well as consultancy work and compete for research grants. ACHEST has signed a number of contracts for commissioned work. It isexpected thatin the long run ACHEST shall become self sustaining.

The financing plan presented is a three years rolling framework. It incorporates some assets (such as office equipment/furniture) already acquired since inception in 2005. Other capital assets will be phased in over time capacities grow and as needed. The current operations in the financing framework are supported through a core grant from the governments of Norway; from commissioned project contracts funded by the US Government through GW University and MSH as well as from Sight Savers.

GROWTH STRATEGIES (STRATEGIC DIRECTIONS) FOR ACHEST

Strengthen Global and Regional Health Architecture and Governance so that Africa contributes more and benefits fairly

Background to governance issues

The world is witnessing as never before, a remarkably heightened interest in global health reflected in a proliferation of initiatives such as the Global Fund to Fight Aids TB and Malaria (GFATM), Global Alliance on Vaccines and Immunisation (GAVI), the International Health Partnership, and emergence of a plethora of players including governments, civil society, financial institutions, industry, philanthropy and academia; the expansion of its territory to include foreign policy and diplomacy, economics and trade, environment and climate change, social determinants of health, human rights, migration and more. This is being matched by a response from mandated as well as non-mandated institutions, formal and informal groups of all types.

Other drivers include the UN Millennium Declaration and the MDGs, the achievement of which is being personally spear headed by the UN Secretary G eneral, The World Health Organisation and UNICEF are revitalising Primary Health Care. The African Union is shifting its emphasis from political to social and development issues with the launch in 2007 of the first African Union Health Strategy.

This has led to the development of a rapidly expanding interdisciplinary research and operational discipline known as Global Health Governance. It refers to formal and informal institutions, norms and processes which govern or directly influence global health policy and outcomes.

In all this flurry of activity, Africa is at the centre of interest as it is the continent in the greatest need, lagging behind other continents in the achievement of globally set targets, lacking the resources to respond and bearing a disproportionate 25% of global disease burden with only 10% of the global population and just 3% of the health workforce. It is therefore incumbent on Africa to be equipped to play her role so that not only Africa but the world as whole will benefit maximally from her participation in the Global Health Governance arena. Development experience has repeatedly shown that solutions handed down from outside the affected communities and have not involved their active involvement and participation has failed to achieve their full potential or indeed in many cases have done more harm than good.

African political leaders have responded. The African Union Heads of State and governments have held a number of summits dedicated to Africa's health and development crisis. Examples include the Abuja declaration on HIV and AIDS, and a separate one on Malaria. In April 2007, African Ministers of Health adopted for the first time the Africa Health Strategy which has been endorsed by the Heads of State and governments. There are a number of African Civil Society groups that have emerged in response to the challenge and are active locally and globally. However, there is no single independent African institution to our knowledge that addresses the subject of Global Health Governance.

Challenges for health governance

Africa's capacity and ability to negotiate and participate effectively is faced with the following challenges:

Under-developed institutional capacity for policy dialogue and negotiation at regional and global levels is a key challenge. It has seriously limited the projection of the African voice and input into critical global as well as regional health debates.

Financing, Ownership and Priority Setting. Unlike low income countries in Asia and South America, sub Saharan African countries are heavily donor dependent for health care financing. In some of the countries, donors contribute as much as 40% - 50 % of the health budget. This has resulted in skewing of the priorities in favour of donor preferred interventions and away from nationally identified approaches and priorities. Vertical disease specific programs take preference over the building of the national health systems which results in gross distortions in human resources deployment and insufficient attention to other high priority areas such as maternal and child health. Public health, prevention and health promotion take a back seat yet they hold tremendous potential for reducing ill health and producing wealth.

Governance and Accountability: As health has become "every body's business" there is an urgent need for policing, quality assurance and accountability. Some donors do not work with governments and prefer NGOs. It becomes difficult for these governments to monitor these resources, quantify

them, and focus them on national priorities contained in national plans and account for the resources fully. At a recent meeting, an experienced African leader stated … "It is a moral duty of the international community to change their tune and support weak countries and accept developing country leadership. That is a crisis right now–the international community is not accepting developing country leadership".

Yet, institutions such the WHO are constrained to hold member states to account. It is the member states who make policies of WHO and elect their leaders. Universities, academic institutions, financial institutions on the other hand may have the information but are equally constrained as they are dependent on the governments in many ways.

Governance Activities and Interventions: ACHEST will undertake analytical work in these areas and put the issues objectively, constructively and accurately on the table. ACHEST will promote and undertake appropriate interventions to support and strengthen Africa's hand in seeking, articulating and implementing solutions. The stakeholders to be targeted through strategic communications for sharing such evidence include meetings of the African Union Heads of State, Parliaments, Ministers of Health, Finance and Economic Development, Water, Gender, Civil Society etc. Boards of the GFATM and other Global Health Initiatives and developed country governments and development agencies such as SIDA etc. ACHEST will also look into profiling of all key programmes and provide linkages for mainstreaming such programmes into national and continent wide health frameworks. Special focus in the short to medium term, will be placed upon the following:

Facilitate capacity development of African countries for policy dialogue and evidence based policy making at all levels, as well as capacity for oversight of implementation of health development strategies;

Contribute to the post MDG dialogue by promoting synergy across issues such as together gender, women, children, health workforce and universal coverage within a sustainable environment.

Expand ASHGOVNET throughout the African region to strengthen governance and stewardship of African health systems.

Expand and mobilize ACHEST's resource base, so it can continue to meet the present demands and pursue emerging opportunities.

BUILD THE CAPACITY OF PROFESSIONALS, PROFESSIONAL INSTITUTIONS AND GOVERNMENTS TO ACHIEVE GREATER HEALTH SYSTEMS

The underlying principle is that solutions that have a chance of success in Africa will depend on more comprehensive and inclusive responses that include multiple stake holders. They should result is creating a critical mass in countries and regions of individuals, institutions and networks that become unstoppable movements in their progress.

Single track interventions, on their own, will not be suffice. Above all, it will be the human resources capacity and the support that African professionals will receive from their institutions, governments, civil society, parliaments and international partners that will create the climate conducive to sustainable change. This is the case in developed countries where the professions are a voice that contributes to national dialogue. Accordingly, ACHEST proposes to examine how professionals and professional institutions such Medical, Nursing, Midwives, education etc can be engaged and facilitated to become instruments for dialogue, peer review and pressure, fellowship and as powerful civil society groups that will work as agents of change in health and beyond in their respective countries.

These will include civil society groups that work on advocacy and dissemination and use of knowledge. Along with this, ACHEST will use research, documentation of experience and lessons learnt to support capacity strengthening for Ministers of Health and technocrats in Ministries of Health. This will enhance their analytical capacity, implementation capacity with quality assurance and communication and advocacy expertise.

<u>Key among priorities for action in this area will include but be limited to:</u>
Capitalize on the experience gained in coordinating MEPI with GWU to prepare ACHEST to prime the next contract.

Position ACHEST to shift from coordinating capacity building to being known as the "go to" institution for providing capacity building in areas of expertise for health professionals.

Combine ACHEST's ability to secure contracts with donors and serve as the "go to" institution for capacity building in health systems to support national, regional and global health systems.

Facilitate the implementation of the African HRH roadmap which centers on developing HRH capacity in Africa.

PROVIDE STRATEGIC COMMUNICATION AND ADVOCACY TO SUPPORT GENERATION AND EXCHANGE OF KNOWLEDGE AND INFORMATION TO STIMULATE POSITIVE BEHAVIOUR CHANGE

ACHEST will actively reach out to and promote dialogue amongst the key players in Africa's health and development. Policy studies on key development issues will be commissioned by ACHEST and discussion papers developed for dissemination to key stakeholders. ACHEST will organize and host special seminars and workshops on specific development issues for policy debate based on evidence gathered from its research as well as harnessing knowledge available globally. Communication and advocacy will aim to reach out to African and global leaders and with targeted outreach to civil society, policy makers and professionals. New technologies in information and communication will be explored to promote continuous dialogue with, and access to research evidence, by our clients. ACHEST will participate in key fora organized by the African Union, NEPAD and at global level to build up its network and to advance its mission.

Initial priorities to take this work forward will include:

- Conduct a training needs assessment in communications, so that partner-sponsored ICT training is need-based and includes training on the use of advanced ICT.
- Draft a comprehensive communications strategy.
- Use the current ICT programs and platforms to create awareness about and demand for ACHEST's ICT capacity.

INSTITUTIONAL CAPACITY OF ACHEST SECRETARIAT:

The aim of interventions in this area of work is to strengthen the management, leadership, governance and operational capacity of ACHEST so that the organization is further equipped to attain self sustainability in the long run while in the short to medium term it attains capacity to directly manage donor funds, fulfil its CC role and responsibilities for MEPI, and more generally improve its performance as a continental champion of health systems and network strengthening in Africa.

To support the implementation and sustainability of the strategies outlined in this document, ACHEST will concurrently work to strengthen its financial management and administrative systems, as well as staff skills, to ensure that activities are properly resourced. Areas of specific strengthening will centre upon the 10 components from FinMAT instrument and set out below:

FinMAT			
1.	Organization and personnel	6.	Timely payment and invoicing of goods and services
2.	Budgeting	7.	Cash management
3.	Accounting and record-keeping	8.	Stock, inventory, and fixed assets
4.	Purchasing and procurement	9.	Audit
5.	Payroll	10.	Use of information

INITIAL PARTNERS OF ACHEST & CURRENT ACTIVITIES:

Who are our partners?

The African Union (AU)/NEPAD: The NEPAD Secretariat has welcomed the creation of ACHEST in a letter of support to the Executive Director. The African Union Commission invited ACHEST to participate at the AU Health Ministers Conference in May 2009 as a Civil Society Organisation. AU/NEPAD is interested in enrolling ACHEST as a civil society member and sign a Memorandum of Understanding.

WHO including The Regional Director of WHO in Africa have been informed of this initiative and have welcomed and shown interest in collaboration; In discussions with the RD, ACHEST has been invited to make a presentation on health systems governance to next WHO Regional Committee in 2010.

The office of the United Nations Secretary General has a strong interest in Global Health and has received briefing on ACHEST. The ACHEST Executive Director was invited to speak at the ECOSOC Ministerial Review in Geneva at a special session dedicated to Africa in 6 – 9 June 2009. The UN family is being engaged in taking forward recommendations from the RF funded study on Supporting Ministerial Health Leadership.

The Rockefeller Foundation (RF): has contracted ACHEST as Co-Principal Investigator along with Dr Jo Ivey Boufford, President of the New York Academy of Medicine (NYAM) to undertake a study of needs and feasibility of developing mechanisms for supporting Ministerial Health Leadership for low and middle income countries. A report of this completed study has been be submitted to Rockefeller Foundation in September 2009. A stakeholder consultation was held in at the RF Bellagio conference centre in March 2009 convened by ACHEST and the NYAM. As a follow up to this study, ACHEST will submit a proposal for funding to RF and other partners to establish an African Health Systems Governance Network. ACHEST will host a consultation with key African leaders and development partners 16 -17 December 2009

Ministry of Health Uganda is working with ACHEST to document the experience with Health Sector Reforms that were undertaken by the country in the past decade. This work started in 2005 but was interrupted by the departure of ACHEST Executive Director for Geneva that year. Additional funding will be needed to finalise the work.

Recent and Current Activities:

The MoH Uganda requested ACHEST to undertake a study to track and establish the location of graduates from the two Public Medical Schools in Uganda who graduated over the past several years. This study has been completed and analysis of the results is in progress.

The Ministry of Defence in Uganda with a grant from WHO has contracted ACHEST to support the MoD to develop a military Health Policy and strategic plan for Uganda. The policy has been finalised and work will start on the strategy at eh beginning of 2010.

ACHEST has a contract with the WHO hosted Alliance for Health Policy and Systems Research to evaluate the Health Policy analysis Unit in the Ministry of Health in Uganda as part of a wider study to map and assess Health Policy institutions in low and middle income countries funded by RF.

ACHEST has been invited by the Global Advisory Policy Council on Health Worker Migration to host an African Health Worker Migration Forum before the next World Health Assembly to discuss the draft WHO code on international recruitment of health workers and how to monitor its implementation following its adoption.

The Ministerial Leadership Initiative for Global Health is a Gates funded project based at Realising Rights at the Aspen Institute; Washington DC has appointed the Executive Director to serve as a Senior Adviser. This work is in progress in five countries, four in Africa – Ethiopia, Mali, Senegal, Sierra Leone and Nepal in Asia.

ACHEST Executive Director is a co-chair together with Dr Fitzhugh Mullan of George Washington University of the Sub-Saharan African Medical Schools Study(SAMMS) a project funded by the Gates Foundation that is investigating the capacity needs of all African Medical Schools. The secretariat is based at the George Washington University in Washington. The results of this study will be presented to stake holders in April 2010 at a meeting in Tanzania.

Academic Institutions in Africa and abroad have expressed interest in collaborating with ACHEST and some joint projects are under discussion;

ACHEST will be an open and inclusive player and will forge partnerships with a wide range of like-minded institutions in Africa and abroad. Will seek to play the role of advocate and connector in the areas of work described. ACHEST will also seek partnerships with developed country agencies with similar goals.

PROGRAMS AND COSTS OF FOCUS AREAS OF WORK 2013/2014 – 2015/2016

	Focus areas of work	Level of Effort
1	**Strengthen Global and Regional Health Architecture and Governance so that Africa contributes more and benefits fairly**	7%
2	**Build the Capacity of Professionals, Professional Institutions and Governments to achieve greater health systems**	45%
3	**Provide Strategic Communication and Advocacy to support generation and exchange of knowledge and information to stimulate positive behaviour change**	25%
4	**Overhead support costs**	13%

TABLE OF ACHEST BUDGET 2014/2015 – 2016/2017:

	ACHEST BUDGET PROJECTIONS		
F/Y	**2014/15**	**2015/16**	**2016/17**
Description of Cost Category			
Personnel	$ 874,558.00	$ 918,285.90	$ 964,200.20
Equipment & Software	$ 5,200.00	$ 5,460.00	$ 5,733.00
Supplies and Subscription	$ 26,697.00	$ 28,031.85	$ 29,433.44
Travel/training and Conferences	$ 114,705.00	$ 120,440.25	$ 126,462.26
Other Direct costs- Rent,Internet, Communication, Utilities, Audit fees,Local transport etc.	$ 95,559.00	$ 100,336.95	$ 105,353.80
TOTAL BUDGET PROJECTION	**$ 1,116,719.00**	**$ 1,172,554.95**	**$ 1,231,182.70**

The African Centre for Global Health and Social Transformation

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