

2014

# ACHEST ANNUAL PERFORMANCE REPORT 2013 (Draft 2)

The African Centre for Global Health and  
Social Transformation

Kampala 30th May 2014



ACHEST





(ACHEST)

The African Centre for Global Health and Social Transformation

## ACHEST (Draft) ANNUAL PERFORMANCE REPORT 2013

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(ACHEST)

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

### **ACHEST ANNUAL PERFORMANCE REPORT 2013**

#### **1. INTRODUCTION:**

In 2012 ACHEST worked with strategic partners including core support from NORAD, program support from Sight Savers as well as commissioned work from the USAID funded Medical Education Partnership Initiative (MEPI) and the MSH/LMG project, to review and update its strategic framework. This updated version of the ACHEST strategy and operational plan has guided much of the program of work in the year 2013. The updated strategic plan of March 2013 maintains the focus areas of work namely Health Systems Governance, Human Resources for Health and Strategic Communications and partnership. The demand for ACHEST to participate in African health systems capacity building events remained high in 2013. A new executive governing Board of Directors for ACHEST took office in early in 2013. The secretariat was strengthened with four new staff members who took up their posts in January 2013.

#### **2. Health Systems Governance:**

##### **2.1. Executive Leadership Development for Health Ministers and Senior Officials:**

Design and funding arrangements to conduct a pilot of an induction program for new Health Ministers in the ECSA-HC<sup>1</sup> sub-region under this program were agreed with partners led by MSH through the USAID funded LMG/Leadership program for implementation during the 2013 Annual Conference of Health Ministers that was scheduled to be held in Malawi but this was postponed to the first quarter of 2014. The induction program Agenda was agreed, along with the induction program content, support materials for participants and notes for facilitators. The program is designed to be implemented in future along side the annual health ministers consultative meetings in the sub-region and in collaboration with the ECSA-Health Secretariat. 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 required to attain better health outcomes. Work on a handbook for Health Ministers for the program will be completed in 2014 and the handbook launched during the next World Health Assembly.

##### **2.2. Technical Assistance to build evidence based policy decisions and policy implementation oversight**

ACHEST expertise to build capacity for policy dialogue and implementation oversight were called upon by three countries during 2013. ACHEST led the 2013 mid-term evaluation processes of implementation of National Health Strategic Plans in Uganda and in Nigeria. In the case of Lesotho, ACHEST was specifically requested to facilitate the policy dialogue regarding design and implementation of governance arrangements for the health sector of that country. These undertakings are extremely time and labour intensive requiring humility and patience for long intervals needed to realise institutional capacity development of health systems. Design of future engagements need to be on a long term basis to maximize benefit for countries. Institutional capacity development will be critical for strengthening health systems to contribute effectively to attainment of better and equitable health outcomes in countries operating under low-resource settings.

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<sup>1</sup> ECSA- HC is the East Central and South African Health Community.

## 2.3. Status of Health Governance studies

### 2.3.1. Status of Study of health system governance innovations (through participatory policy making)

It had already been realised in 2012, that this work on lessons from participatory policy making in Brazil, Thailand and Uganda, was more extensive than originally anticipated. 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.

Collection and analysis of data at country level was completed in 2013. Country papers on practice in each of the three case study countries were also completed. A four week study retreat led by Mahidol University in Bangkok, Thailand was held in Bellagio Italy in September 2013. This retreat was held to conduct comparative analysis of country experiences and practice. It was anticipated that the draft comparative case study paper would benefit from in-put at the scheduled December 2013 Thailand National Health Assembly (NHA) in Bangkok. This was not the case owing to social-political status in that country. Completion and publication of the comparative paper on participatory policy making in Brazil, Thailand and Uganda, was rescheduled to 2014 or later.

### 2.3.2. Study of country level implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel

This multi-country study has several sub-products to support Global Health diplomacy. In 2013 the study team conducted multi-country data collection and analysis and published an analytic critic and review of the status of implementation of the WHO code in ECSA countries. (see Yoswa DAMBISYA, Patrick KADAMA, Sheillah MATINHURE and Charles DULO; (2013): **Stoking the Fire of the African Voice on the Code on the International Recruitment of Health Personnel**; *EQUINET Newsletter 146: 01 APRIL 2013* <http://www.equinet africa.org/newsletter/>. The publication of this status brief has been a wake-up call with significant effect on country HRH leadership initiating action to mitigate lapses in due action since its publication.

The study objectives are on the one hand to explore the extent to which the ECSA countries are capable of negotiating the tricky global diplomatic environment of an international code of practice, and on the other hand, explore the extent to which ECSA countries are prepared and capable of implementing the WHO code of Practice that they fought for so hard. The study is a part of a capacity building initiative with which ACHEST is engaged in collaboration with the ECSA, EQUINET and the University of Nairobi for “Supporting Strategic Leadership in Global Health Diplomacy in East, Central and Southern Africa”. The study is to produce in 2014, a synthesis paper and a policy brief for HRH leaders in the sub-region to influence the efforts on capacity enhancement for Global Health Diplomacy.

### 2.3.3. Status of advocacy and dissemination of country reports on Health Resource Partner Institutions (HRPIs)

The Country Reports of the Health Resource Partnership Institutions (HRPIs) that were mapped in five countries (Mali, Uganda, Kenya, Malawi and Tanzania) were published in 2013. It had been anticipated to hold special launch events for these reports. This was however not possible during the year. A follow up program with each of the countries studied will continue to be elaborated in 2014 because further dissemination of the Study reports is likely to provide opportunities for the recruitment of new countries into appreciating the added value of coordinated partnership with HRPIs.

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

This work stream continues to build upon progress made in the last four years with stakeholder engagement and strengthening of technical networks.

### 3.1. African Health Systems Governance Network (Ashgovnet):

Governance Forum: During 2013 Ashgovnet Health Governance Forum sustained its record of providing material for engagement of partners and dialogue to share experiences as well as knowledge through the on line release of six

discussion topics to a readership that reaches nearly one million individuals in and outside Africa. All the previous discussions on this blog were bound and published in a single volume book. The Ashgovnet health governance forum continues to play an important role in providing space for open and frank discussions on topical issues.

[http://www.achest.org/index.php?option=com\\_zoo&view=frontpage&layout=frontpage&Itemid=481](http://www.achest.org/index.php?option=com_zoo&view=frontpage&layout=frontpage&Itemid=481)

### **3.2. The Uganda National Association for Community and Occupational Health (UNACOH)**

ACHEST took active participation in the 2013 annual scientific meeting of UNACOH. The ACHEST Director for Health Systems continues to Chair 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.

### **3.3. Progress with other partnerships**

ACHEST was invited as key note speaker to the launch of the new partnership for the UK/DFID and China Global Health Support Programme (GHSP) that is to study experiences with overseas development aid in order to inform future best practice approaches for China to consider in developing its overseas aid program for health systems in Africa. ACHEST met with potential partners and networks and discussed possible joint relations for a proposal to undertake the required studies.

### **3.4. Participation at Regional and Global Fora:**

ACHEST continues to have well established contacts with other African civil society organization and inter-governmental decision making organs in the region. ACHEST was invited and actively participated at most of the key decision-making meetings in the region during 2013.

## **4. Human Resources for Health:**

### **4.1. Medical Education Partnership Initiative (MEPI) and Training, Retention and Migration**

During 2013 MEPI undertook numerous activities. These included:

- Annual site visits to the implementing Universities.
- Annual Symposium
- Annual Surveys
- Development of Technical Working Groups.
- Communication
- Management meetings

#### **4.1.1. Conducting Annual Site Visits**

Thirteen 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, Zimbabwe University College of Health Sciences, Stellenbosch University and University of Ibadan. ACHEST staff and 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.

#### **4.1.2. Annual Symposium**

The annual symposium for 2013 took place in Kampala Uganda with the theme "Sharing Innovations & enhancing Sustainability." It was successfully organized by the Steering Committee comprising of the three Coordinating Centre PIs, Program officers from HRSA and NIH and three Implementing PIs. The symposium took place in Kampala Uganda,

August 6-7 2013. Over 300 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, African government agencies, OGAC, NIH, HRSA, USAID, CDC, African Universities Association, other development agencies including the World Bank and the African Development Bank.

The three-day 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, sustainability and creating communities of practice. Presenters from each of the MEPI schools had the opportunity to share best practices and innovations. There was a focus on sustainability and creating communities of practice.

#### **4.1.3. Annual Survey for year 3**

The third annual survey was successfully conducted, data analyzed and presented .

#### **4.1.4. Development of TWGs**

The development of TWGs has continued to be slow; however the leadership of the TWGs was successfully handed over to the MEPI schools. There has been an addition of one TWG the Library information Management TWG. There has been a call for others, but only one has been established. This activity picked up a number of interested participants for each. TWGs are still functional and participated actively in the annual symposium with each one of them presenting a workshop. It is hoped that with new leadership from the schools they will be more active in 2014.

#### **4.1.5. Technical Assistance/ Capacity Building**

The Management Sciences for Health (MSH) has continued to work with ACHEST on capacity building in the area of Leadership, Management and Governance with special focus upon the stewardship function for development of health professional education.

#### **4.1.6. Communication**

ACHEST has produced 6 newsletters, published 2 articles on MEPI in Africa health and has been involved in writing articles that are not yet published.

#### **4.1.7. Research Assistants roles**

The research office was strengthened with two additional staff during 2013. It has since been more effectively involved in proposal development, writing journal articles, literature searches in support of ongoing work, writing of MEPI monthly Newsletter. The research team is involved in implementation of funded proposals, developing of an ACHEST virtual library which is ongoing and is frequently updated. We will continue to implement activities that spill over to the next year such as proposal development, updating ACHEST virtual library, writing of monthly newsletters, journal articles and literature searches.

#### **4.1.8. Linking MEPI with other activities**

- a. Several meetings were attended by ACHEST MEP staff in the region and internationally to link MEPI to other organizations. March 16th – 20th, Prof Omaswa Francis attended The Consortium of Universities for Global Health Conference in Washington DC where he attended a meeting with MEPI PIs and US Government Officials on MEPI among other meetings.
- b. Prof Omaswa was in Bellagio, Italy for a working workshop, April 14th – May 13th, May 20th-26th he attended the 66th World Health Assembly in Geneva. At this meeting he was invited to a meeting with MEPI PIs and African health ministers to discuss MEPI.
- c. Francis Omaswa attended an African Union Special Summit on HIV/AIDS, Tuberculosis and Malaria from 12-16th July 2013 in Abuja Nigeria. He attended several meetings at this summit in connection with training health professions to manage these conditions.
- d. Francis Omaswa facilitated a retention Forum at the University of Botswana, School of Medicine which is a MEPI school in Gaborone Botswana 24th – 25 July, 2013
- e. Elsie Kiguli-Malwadde attended the South African Association of Health Educationalists (SAAHE 2013) conference in Durban, South Africa 27th-29th June 2013. She presented a paper entitled Faculty Recruitment and Retention in the Medical Education Partnership Initiative (MEPI) schools.

- f. Dr Ojooome travelled to Moshi Tanzania to represent Prof. Omaswa in the Medical Education Partnership Initiative (MEPI) National Meeting which was organized and hosted by Kilimanjaro Christian Medical Center/Kilimanjaro Christian University College (KCMC/KCMUCO) from October 10th-11th, 2013 in Kuringe Hall Moshi Tanzania.
- g. Prof Omaswa Francis and Dr. Elsie Kiguli-Malwadde attended Third Global Forum on Human Resources for Health at the Pernambuco Convention Center, Recife, Brazil 7th -15th November 2013. The theme was “Human Resources for Health-Foundation for Universal health Coverage sand Post 2015 development agenda”.
- h. Dr. Elsie Kiguli-Malwadde attended a meeting organized by the Network towards Unity for Health (TUFH) 16-20 November 2013, Ayutthaya Thailand. The theme of the conference was: Rural & Community-Based Health Care: Opportunities and Challenges for the 21st Century.
- i.

#### 4.2. African Platform on Human Resources for Health (APHRH):

The ‘core business’ of the AP/HRH is advocacy, networking, catalysing commitments, monitoring and evaluating progress and mobilising resources. The AP/HRH Board agreed that the AP/HRH secretariat should take the lead in coordinating HRH activities in the continent, in addition agreed a research agenda confirming, amongst other things, that priority be given to funding staff for the Secretariat.

In the year 2013, Sight Savers signed an MOU with ACHEST to provide support to the APHRH secretariat in the amount of \$ 60K annually for three years. Sight Savers (SS) provided the above referenced grant to ACHEST as a 50% contribution to the salary of one technical staff at ACHEST, to enable the establishment and operationalization of a secretariat for the African Platform on Human Resources for Health (APHRH) hosted at ACHEST, (the African Centre for Global Health and Social Transformation)

#### Progress on implementation in the first quarter of 2013

- a. ACHEST has provided a senior African to lead the Secretariat and confirmed commitment of the required counter funding to support the position in part from support of Sight Savers.
- b. In collaboration with ACHEST the secretariat of AP/HRH finalized a mapping study of Partnerships and Institutions working to strengthen the Health Work Force in Africa. The study was funded by the Global Health Workforce Alliance (GHWA).
- c. *Launch of re-designed AP/HRH Website*  
Work on the re-design of the Website for the AP/HRH was completed. The website [www.aphrh.com](http://www.aphrh.com) went live on air and has since been operational. Funding for this activity is still not fully secured however.
- d. *Engagement of Partners, countries and Board Members to prepare FOR THE 3<sup>RD</sup> Global Forum on HRH in Brazil* The Board Chair through the secretariat initiated contact with partners of the AP/HRH to provide input to the program and African position on current issues to be discussed at the 3<sup>rd</sup> Global Forum on HRH. The secretariat successfully made a proposal for a side event at the Forum and which proposal was accepted and a the side event was successfully held at the 3<sup>rd</sup> Global Froum on HRH in Recife Brazil. Progress with work of the platform was presented, reviewed and received positive input.
- e. *Advocacy materials*  
In collaboration with ACHEST the secretariat of AP/HRH initiated the design and drafting of selected advocacy and communication materials. This work is not fully funded yet and has this far depended on ACHEST resources.
- f. *Communication Strategy for the AP/HRH*  
Work on the design and development of a communication strategy for the Platform was initiated despite funding constraints. In collaboration with ACHEST, the secretariat was able to engage a consultant to undertake this work.
- g. *HRH prioritization by Heads of States in Africa, at African Union Special Summit in Abuja and participation as well as in put to the Regional Workshop on Health Labor Market Analysis*  
The secretariat in collaboration with ACHEST engaged the AU commission to participate and advocate for HRH prioritisation by Heads of States. Success was attained in securing consensus for HRH to be reflected in the final communique as the foundation for further progress in the fight against HIV/AIDS, Tuberculosis and Malaria by the African Union Special Summit of Heads of States held 12 – 16 July 2013 in Abuja. Previous to this the



Secretariat in collaboration with ACHEST took part in the Regional Workshop on Health Labor Market Analysis held at the Russelior Hotel, in Hammamet, Tunisia, March 25 - 27, 2013 and issued a statement on the approach in light of lessons learnt during the macro-economic restructuring years of the nineties, (see Annex 2).

h. *Promoting African participation in the 3<sup>rd</sup> Global Forum on HRH in Brazil*

The African voice was not prominent in the preparation of the program for the 3<sup>rd</sup> Global Forum on HRH. The secretariat in collaboration with the Board Chair worked to ensure a presence and presentation of the African position at the Forum. The platform secured funding from the Government of Brazil for Board members who had no alternative sponsorship to participate in the forum.

i. *First AP/HRH Advocacy brochures procured.*

In collaboration with ACHEST the secretariat of AP/HRH contracted the printing of the first AP/HRH advocacy brochures. The brochures are now actively being distributed at all opportune events to enhance the work of the platform.

## 5. Service Delivery Program support:

### 5.1. Technical Advice to the Advisory Committee on Vaccines and Immunization (ACVI).

ACHEST continues to play an active role on the national Advisory Committee on Vaccines and Immunisation (ACVI). The ACVI continued to meet regularly about once every four months. Additional special meetings were convened to evaluate special issues and for consideration of an evolution of its function for the future. One policy brief was developed under oversight of ACHEST.

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

ACHEST holds membership on the Africa regional steering committee for improvement efforts in *Maternal, Newborn and Child Health* (MNCH). In Uganda ACHEST continued in co-leadership with World Vision (Uganda), the oversight and technical advice function for strategy and direction in the lobby and advocacy work of civil society organisations involved in supporting the improvement efforts in *Maternal, Newborn and Child Health* (MNCH). ACHEST has been instrumental in facilitating the building of a CSO coalition in Uganda to support the improvement efforts in MNCH. In 2013 the CSO coalition members provided data and evidences collected the previous year to champion MPs who advanced arguments in support of additional budget to the health sector. CSOs also mobilized grass-root based members who sent SMS messages to their constituency MPs to stand for the well being of mothers and children. The sustained pressure, led the Parliamentary Budget Committee in Uganda to allocate an **additional** Uganda Shillings.49.5 billion (just under US\$ 20million) for 2013/14 financial year, primarily to recruit health workers and also enhance staff motivation for doctors at health centre units serving about 100,000 of population catchment area. The money for recruitment was released and to-date over 6000 additional medical workers has been recruited. Additional funding has been requested to support this work of CSOs' advocacy for

## 6. THE ACHEST SECRETARIAT

### Governance, Management and Administration

**Profile of ACHEST:** The African Centre for Global Health and Social Transformation is an initiative promoted by African and International leaders on Health and Development. It is a civil society organisation operating as a regional think tank with a defined vision, mission, strategy and set of core values.

### 6.1. The Administration department

#### a. Objectives



The administration department is established to handle the day to day running of the organization including managing operations of the organization and ensuring that internal controls are established and organization risk is handled, the department also handles the human resources and the governance areas in the organization. The Administration department is also charged with handling procurement and management of office equipment and this is done in consultation with technical personnel.

The administration staff also takes the responsibility of organizing logistics for local and international travel and meetings for the organization.

### **b. Outcomes**

On the aspect of governance, 3 Board meetings were held in 2013.

The 1<sup>st</sup> board meeting was held on 4<sup>th</sup> April 2013 to inaugurate the board and elect the board's first chairperson. The first board chairperson for ACHEST Prof Florence MIREMBE (a senior obstetrician and gynecologist at the Makerere University Medical School) was elected unanimously.



The 2<sup>nd</sup> meeting was for the induction of the board members. This was done with the help of the MSH consultant who took the members through Effective Board Governance.

Prior to the 3<sup>rd</sup> board meeting, the board committee meetings were held for the 3 committees of the board, and a board meeting held a week later to discuss the outcomes and reports from the committees. All the board meetings were held successfully.

With support from the MSH Leadership, Management and Governance (LMG) program, the ACHEST Human Resources manual was reviewed and updated and later approved by the Board of Directors together with other governance documents. The process of review and update of the manual is an ongoing one and meant to enable the organization to be up to date with the changes in the local labor laws.

The Organization for the 2013 MEPI symposium held in Kampala was one area that was successfully done including organizing logistics for travel for the ACHEST faculty and other participants that were ACHEST's responsibility.

### **c. Challenges**

The internet connection is not stable and this limits the achievement of some set targets.

## **6.2. Information Communication Technology (ICT) for ACHEST**

### **6.2.1. Communication roles executed in 2013/ 2014 forecast**

#### **a. Develop and implement ACHEST communication strategy**

- This was developed with help from the USAID LMG project.
- A number of recommendations were implemented such as redesigning the ACHEST website, and logos and strengthening international communication through weekly staff meetings.

Next year the team will contribute to organizing the MEPI 2014 annual symposium to be held in Maputo, Mozambique

- Increase knowledge sharing through robust use of social media outlets like Twitter and Facebook
- Increase ACHEST's visibility through senior staff attending high-level meetings with health professionals in the region.

#### **b. Maintain an active website content and linking to other relevant websites**

- This has been done well. There is a quarterly ASHGOVnet newsletter and news updates on the website.
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#### **c. Develop and maintain interactive e-platforms for communities of practice**

- The ASHGOVnet blog is always updated and it is interactive. We hope to continue with this next year.

#### **d. Conduct research for the organization**

The research team has done this well and communications has and pledges to continue providing communication help such as editing.

#### **e. Provide coverage of ACHEST work in the media / Undertake advocacy for ACHEST work and manage ACHEST public relations**

- This is a continuing task on a case by case basis.

### **6.2.2. The Information Technology (IT) Staff Scope of Work is as follows:**

#### **a. Objectives of the IT Department**

The IT department was setup:

- to Conceptualize and Develop ICT Capabilities in Education, Evaluation and Research for ACHEST and
- work with the Communications Specialist at ACHEST and the Communications Cluster at GWU on the Development and Management of the Websites and Webinars.
- Carry out ACHEST Website Maintenance and ensure that the Website is efficiently running, creating forms for comments and links where the information is posted as well as doing uploads on the MEPI Website
- There is in addition other needs to carry out 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 Collection and Analysis.
- The IT team also Plans, advises on procurement and organizes for communication equipment at the ACHEST, supervise and Monitors the overall performance of the communications equipment for the MEPI African Coordination Centre (ACC) at ACHEST.
- With regard to other technical work; maintenance of electronic equipment at the ACC, troubleshoot computer and internet related problems, install software and hardware programs, offer technical support to the staff and ensure proper setup of the equipment during conference calls of the various clusters.
- Another aspect for 2013 was to participate in the MEPI annual symposium activities in liaison with the GWU communications team and creating an operational virtual Library for ACHEST where ACHEST staff can share official documents.
- Finally the team attending sessions with MSH communications consultant to develop ACHEST communications strategy .

## **b. Deliverables in 2013**

The IT team attended Skype call training with GWU Communication team to build capacity on MEPI website uploads and on a separate occasion the team attended training with (ISP provider to ACHEST) Infinity Computers website technician to build capacity on ACHEST website management.

There are some ongoing achievements that have been made which include; training Staff on the use of Technical Programs of Data Collection and Analysis. Uploads on the MEPI Website. Routine maintenance of electrical equipments, internet connectivity, troubleshooting computer problems and installation of hardware and software. ACHEST website is well-maintained and running efficiently.

Data backup and monitoring the process of Data Management was conducted but the memory device are still quite small for the task. ACHEST plans to acquire a server machine for better data backup. Other communication equipments at the ACC like desktop computers were procured successfully on an as needed basis and it is expected that more equipment will need to be procured in preparation for MEPI Symposium 2014.

Preparation for MEPI annual symposium involve the IT team to perform website tasks like uploading symposium speakers' bios on MEPI website, connecting presentation equipments to breakout rooms and taking notes during some breakout sessions. The team has also created an operational virtual Library for ACHEST where staff can share office documents. Finally the team contributed to the development of the ACHEST communications strategy with technical assistance of the MSH team.

## **c. Challenges and Gaps in IT team of ACHEST**

The IT team needs:

- continuous Hands-on training on development of databases for the organization using PHP-MySQL and Python languages that we hope to undertake under the assistance of MSH in the coming years.
- The team needs further training on webinar handling and management which we expect the GWU team may offer us in the coming years.
- The department requires funds to purchase the Server for backup of large amounts of data, to be purchased the following year.
- There is a shortage of Man power during the symposium period.
- Poor Internet Connectivity is another challenge experienced in the department; It is expected to acquire a dedicated internet data line connection from Uganda Telecom Limited.
- Finally small working office space for the IT team is another challenge. spect is the small working area; the team is requires to obtain more adequate office working space in future.

## 7. FUNDING

ACHEST is a not for profit organization, (*a limited liability company without and established by guarantee*), currently funded through grants from Development Partners, commissioned work, consultancies.

During the year, an additional Accounts Assistant was recruited and this has helped to expedite the management of accounts data and processes on timely basis. ACHEST has been able to sustain compliance with statutory bodies in all our current obligations and hope to apply for ISO certification in the next year.

### FINANCIAL REPORT FOR THE YEAR ENDED 30<sup>TH</sup> JUNE 2013

#### INCOME

Grants & Contributions Received and Receivable	\$689,153
Cost Reimbursements and Consultancy fees	\$830,056
	<b>\$1,519,209</b>

#### EXPENSES/PROJECT FUNDS

Employee Short-Term Benefits	\$728,684
Consultants fees	\$118,063
Finance & Administration	\$220,664
Project Funds	\$451,798
	<b>\$1,519,209</b>

The audited financial report for the year ended 30<sup>th</sup> June 2013 was produced within the statutory period as required by law. The audit was carried out by a Certified Public Audit firm (CPA), and financials reviewed and signed off by the Chairperson of the Audit and Finance committee of the Governing Board.

The audit opinion was unqualified and this has been enhanced by review of the organization's manuals and policy documents which have strengthened corporate governance of the organization.

The financials ACHEST have been reported on the basis of a going-concern entity as the organization is expected to continue in to the foreseeable future.

## Annex 1: Staff List of ACHEST

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

## Annex 2: Staff List of ACHEST

### Statement of the African Platform on HRH to the Regional Workshop on Health Labor Market Analysis held at the Russelior Hotel, in Hammamet, Tunisia, March 25 - 27, 2013

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The African Platform for Human Resources for Health (APHRH) would like to acknowledge and appreciate the efforts taken to analyze markets for health workers from an economic point of view. We welcome this approach. This is a good example of objective approach to HRH policy development. APHRH is happy to have been invited and glad to participate in this workshop on health labour market analysis.

In the years running to independence and soon after, health professionals in Africa were well remunerated with adequate incentives and were respected by the communities. Productivity and performance was high. Doctors, Nurses, etc. went overseas for higher qualifications and triumphantly returned home to serve. These health professionals came back and found conducive and favourable working conditions. The salaries were adequate, the hospitals and health facilities functioned well with adequate supplies. The salary of a doctor was enough to enable the doctor buy a car, build a house and live a decent life. There was no brain drain.

The economies of African countries began to decline from around the mid-seventies. The collapse of commodity prices, deterioration in Governance, and insecurity all eroded the conducive and favourable working conditions. This inevitably led to massive number of health professionals leaving African countries seeking for security and better working conditions. Others that stayed were forced to find other sources of income to supplement their salaries.

In the nineties structural adjustments based on economic policies were applied in many African countries resulting in retrenchment of vital professionals.. African governments were at that time told that there was no need for health workforce planning as the market could take care of health workforce needs. Certainly mistakes were made in applying these adjustments

Health professionals are responsible individuals working for long hours dealing with life. They need to be recognized and respected. They should be adequately remunerated with adequate incentives so that they can serve and live among their communities in dignity. This is central to the realization of providing basic health care, universal health coverage and attaining equity. Labour markets left on their own will not achieve these goals.

In going forward with addressing the current African HRH crisis we should be cautious in applying any new strategies and avoid mistakes that we shall regret later. Sensitivity to country specific context, promoting dialogue among country stakeholders, learning from regional and global experience will be key to achieving our HRH goals.