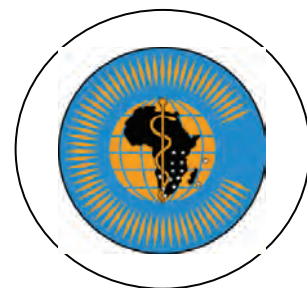


Report of the Final Evaluation of the East, Central and Southern Africa Health Community Strategic Plan 2004-2007



USAID
FROM THE AMERICAN PEOPLE

Africa's Health
in 2010 



East, Central and Southern
Africa Health Community

May 2008

This report was prepared by:

Charles O. Oyaya
AHEAD Development Management Services
P.O. Box 4077 00506 Nyayo Stadium
Nairobi, Kenya
Email: oyayac@yahoo.co.uk
Telephone +254-20-602485/+254-722-759942

Dr. Winston J. Allen
AED Africa's Health in 2010
1875 Connecticut Avenue, Suite 900
Washington, DC 20009-5721
Email: wallen@aed.org
Tel +12023617665/202-884-8620

The Africa's Health in 2010 project is implemented by the Academy for Educational Development and its partners – Abt Associates, Heartlands International Ltd., Population Reference Bureau, and Tulane University's School of Public Health and Tropical Medicine. The purpose of Africa's Health in 2010 project is to provide strategic, analytical, communication and advocacy, M&E technical assistance to African public and private institutions and networks to improve the health status of Africans.

TABLE OF CONTENTS

ACRONYMS/ABBREVIATIONS	5
ACKNOWLEDGMENTS.....	7
EXECUTIVE SUMMARY	9
CHAPTER ONE: INTRODUCTION AND BACKGROUND	17
1.1 Background.....	17
1.2 Terms of Reference	17
1.2.1 Scope of the Evaluation.....	17
1.2.2 Methodology	17
1.2.3 Limitations of the Evaluation	18
CHAPTER TWO: ASSESSEMENT OF ECSA-HC CONTEXT, COUNTRY HEALTH PRIORITIES AND STRATEGIC RESPONSES	19
2.1 Introduction	19
2.2 The Operating Context of ECSA-HC	19
2.3 The Health Context in the ECSA Region.....	19
2.4 The Country Health Priorities	21
2.5 ECSA-HC’s Response to Country Health Challenges and Priorities	21
2.6 Role of ECSA-HC in the Region	21
2.7 ECSA-HC’s Perceived Comparative Advantage.....	22
CHAPTER THREE: ASSESSMENT OF THE ECSA-HC STRATEGIC PLAN (2004–2007) FRAMEWORK AND IMPLEMENTATION	25
3.1 Introduction	25
3.2 Analysis of the Strategic Plan (2004-2007) Framework.....	25
3.3 Operationalization of the Strategic Plan	26
3.4 Awareness and Knowledge of the Strategic Plan.....	26
3.5 The Strategic Plan Implementation Approach	26
3.6 Financing of the Strategic Plan	27
3.7 Achievement of the Strategic Plan Goals and Results.....	28
3.8 Impact of the Strategic Plan	28
3.9 Challenges in the Implementation of the Strategic Plan.....	29

CHAPTER FOUR: REVIEW OF STRATEGIC PLAN PROGRAMME ACTIVITIES	31
4.1 Introduction	31
4.2 The Strategic Plan and the Programme Strategy	31
4.3 Strategic Plan Programme Structure	31
4.4 Programme Implementation Approach	31
4.5 Assessment of ECSA-HC Programme Activities	32
4.5.1 Family Planning and Reproductive Health.....	32
4.5.1.1 Activities and Achievements	32
4.5.1.2 Challenges and Constraints	33
4.5.1.3 Recommendations	33
4.5.2 Food and Nutrition Programme.....	33
4.5.2.1 Activities and Achievements	33
4.5.2.2 Challenges and Constraints	34
4.5.2.3 Recommendations	34
4.5.3 Health Systems Development Programme	34
4.5.3.1 Activities and Achievements.....	35
4.5.3.2 Challenges and Constraints	35
4.5.3.3 Recommendations	36
4.5.4 HIV/AIDS Programme.....	36
4.5.4.1 Activities and Achievements.....	36
4.5.4.2 Challenges and Constraints	37
4.5.4.3 Recommendations	37
4.5.5 Human Resources Development, Capacity Building (HRD&CB) and ECSACON.....	37
4.5.5.1 Human Resources Activities and Achievements.....	37
4.5.5.2 ECSACON Activities and Achievements	38
4.5.5.3 Challenges and Constraints	38
4.5.5.4 Recommendations	38
4.5.6 College of Surgeons of East Central and Southern Africa (COSECSA).....	38
4.5.6.1 Activities and Achievements.....	39
4.5.6.2 Challenges and Constraints	39
4.5.6.3 Recommendations	39
4.5.7 Information, Communication and Dissemination Programme (ICD).....	39
4.5.7.1 Activities and Achievements.....	40
4.5.7.2 Challenges and Constraints	40
4.5.7.3 Recommendations	40
4.6 Overall Programme Implementation Challenges and Constraints.....	41
4.7 Conclusion.....	41

CHAPTER FIVE: ASSESSMENT OF ECSA-HC’S INSTITUTIONAL FRAMEWORK AND SUSTAINABILITY	43
5.1 Critical Milestones in ECSA-HC Growth and Development.....	43
5.2 Assessment of Institutional Niche and Visibility.....	43
5.3 Assessment of the Governance Structure and Processes	44
5.3.1 Member States.....	44
5.3.2 The Conference of Health Ministers	44
5.3.3 The ECSA-HC Advisory Committee (AC).....	44
5.3.4 The Directors' Joint Consultative Committee (DJCC)	44
5.3.5 The ECSA-HC Secretariat.....	44
5.3.6 ECSA-HC Institutions–COSECSA and ECSACON.....	45
5.3.7 Country Coordinating Mechanism	45
5.3.8 Non-MOH and Sub-National Stakeholders.....	46
5.3.9 Working with Other Regional Organisations	46
5.4 Assessment of ECSA-HC Management and Administrative Processes.....	46
5.4.1 Human resource management practices	46
5.4.2 Financial management.....	47
5.4.3 Public Relations, Marketing and Publicity	47
5.5 Assessment of ECSA-HC Strengths, Challenges and Threats.....	48
5.5.1 ECSA-HC’s Strengths.....	48
5.5.2 Challenges and Constraints	48
5.5.3 Threats to ECSA-HC.....	48
5.6 Institutional Sustainability	49
5.6.1 Organizational Sustainability	49
5.6.2 Physical Sustainability	50
5.6.3 Programme Sustainability	50
CHAPTER SIX: ASSESSMENT OF THE NEW ECSA-HC STRATEGIC DIRECTION, CONCLUSION AND RECOMMENDATIONS.....	53
6.1 New Strategic Direction	53
6.2 Conclusion.....	54
6.3 Recommendations	54
6.2.1 ECSA-HC Strategic Identity and Niche	54
6.2.2 ECSA-HC Visibility at the Country Level	54
6.2.3 ECSA-HC’s Responsiveness to Health Needs of Member States	54
6.2.4 ECSA-HC Programme Strategy and Design	54
6.2.5 ECSA-HC Planning Approach.....	55
6.2.6 Coordination and Implementation of ECSA-HC’s Activities at the Country Level.....	55
6.2.7 Human Resources at The Secretariat.....	55
6.2.8 Financial Management	56
6.2.9 Institutional development and financial sustainability	56
6.2.10 ECSA-HC’s Monitoring and Evaluation Systems.....	56
APPENDICES.....	57
APPENDIX 1: QUESTIONNAIRE FOR THE FINAL EVALUATION OF	57
ECSA-HC’S STRATEGIC PLAN 2004 - 2007	57

ACRONYMS/ABBREVIATIONS

AED	Academy for Educational Development
AHEAD	Africa Health and Development Management Services
Africa2010	Africa's Health in 2010
AHP	Allied Health Professionals
AIDS	Acquired Immune Deficiency Syndrome
AMTSL	Active Management of the Third Stage of Labour
ASEA	Association of Surgeons of East Africa
AVRDC	Asian Vegetable Research and Development Centre
BASIC	Basic Support for Institutionalizing Child Survival
BST	Basic Surgical Training
CAFS	Centre for African Family Studies
CB	Capacity Building
CBM	Christian Blind Mission
CEDHA	Centre for Educational Development in Health, Arusha
CHF	Community Health Financing
CIB	Coordinated Informed Buying
CIDA	Canadian International Development Agency
COP	Country Operational Plan
COMSEC	Commonwealth Secretariat, London
COSECSA	College of Surgeons in East, Central and Southern Africa
CPR	Contraceptive Prevalence Rate
CRHCS	Commonwealth Regional Health Community Secretariat
DHS	Demographic and Health Survey
DJCC	Directors' Joint Consultative Committee
EAC	East African Community
ECSA-HC	East, Central and Southern Africa Health Community
ECSACON	East, Central and Southern African College of Nursing
EmOC	Emergency Obstetric Care,
FANTA	Food and Nutrition Technical Assistance
FHI	Family Health International
FNAs	Fortification National Alliances
FNCO	Food and Nutrition Coordination Office
FP	Family Planning
GAIN	Global Alliance for Improved Nutrition
GBV	Gender Based Violence
GTZ	German Technical Assistance
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HR	Human Resource
HRD	Human Resources Development
HRH	Human Resources for Health
HST	Higher Surgical Training
IAEA	International Atomic Energy Agency
ICD	Information, Communication and Dissemination
ICN	International Council of Nurses
IDU	Intravenous Drug User
IMCI	Integrated Management of Childhood Illnesses
INTRAH	Programme for International Training in Health
ITNs	Insecticide Treated Bed Nets
IUNS	International Union of Nutritional Sciences
JHPIEGO	John Hopkins Programme for International Education in Gynaecology and Obstetrics
KCMC	Kilimanjaro Christian Medical Centre
KRA	Key Result Area
LFC	Leadership for Change
LINKAGES	Linkages Project

MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MEDUNSA	Medical University of Southern Africa
MOH	Ministry of Health
MOST	Micronutrient Operational Strategies and Technology
MSH	Management Sciences for Health
MTRH	Moi Teaching and Referral Hospital
NCD	Non-communicable Disease
NEPAD	New Partnership for African Development
NHA	National Health Accounts
NGO	Non-governmental Organisation
PHC	Primary Health Care
PHRPIus	The Partners for Health Reform Plus
PLWHA	People Living with HIV/AIDS
PRB	Population Reference Bureau
PRSP	Poverty Reduction Strategy Paper
QAP	Quality Assurance Project
RCQHC	Regional Centre for Quality of Health Care
RH	Reproductive Health
RHMC	Regional Health Ministers' Conference
PMTCT	Prevention of Mother-to-Child Transmission
RPM	Rational Pharmaceutical Management
RPMplus	Rational Pharmaceutical Management Plus Programme
RWP	Regional Work Planning Approach
SADC	Southern African Development Community
SAHCD	Southern Africa Human Capacity Development Coalition
SARA	Support for Analysis and Research in Africa
SHI	Social Health Insurance
SO	Strategic Objective
STI	Sexually Transmitted Infection
SWAPs	Sector Wide Approaches
TB	Tuberculosis
TFR	Total Fertility Rate
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
UNICEF/ESARO	United Nations Children's Fund/Eastern and Southern Africa Regional Office
UNU	United Nations University
USAID/EA	United States Agency for International Development/East Africa
USAID/AFR	United States Agency for International Development Bureau for Africa
USAID/REDSO	United States Agency for International Development/Regional Economic Development and Service Office
UTH	University Teaching Hospital
WBI	World Bank Institute
WHO	World Health Organisation
WHO/AFRO	World Health Organisation, Africa Region

ACKNOWLEDGMENTS

The authors would like to extend their heartfelt thanks to the numerous individuals and organisations that contributed towards making this evaluation possible. First, we thank the United States Agency for International Development (USAID) Bureau for Africa (AFR) for making funding available to conduct the evaluation through the Africa's Health in 2010 Project. We would also like to thank Dr. Steve Shongwe, the Executive Secretary of the East Central and Southern Africa Health Community (ECSA-HC) and all the staff of ECSA-HC for taking the time to answer critical questions, and for actively contributing to the evaluation process. In particular, we would like to thank Mr. Allie Kibwika-Muyinda, the Administration Manager and Ms. Lillian Mwangi, Programme Officer, Food and Nutrition for accompanying the evaluation team to the field. Their knowledge of the region was indeed instrumental to the success of the data collection process.

We are indebted to the ministries of health and all the respondents in Kenya, Tanzania, Mauritius, Swaziland, Zimbabwe and the Southern African Development Community (SADC), who met with us at short notice, answered questions, and shared their insights on ECSA-HC. Their inputs formed the core data used for this report.

The authors are also grateful to the following people: Ms. Hope Sukin and Mr. Roy Miller of USAID/AFR and Dr. Doyin Oluwole and Dr. Sambe Duale of Africa's Health in 2010 Project for their overall technical direction and encouragement which were crucial to the success of this evaluation.

EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

In June 2007, the East, Central and Southern Africa Health Community (ECSA-HC), formerly known as the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa, commissioned an external evaluation of the implementation of its Strategic Plan (2004–2007). This is the report of the evaluation. ECSA-HC, an inter-governmental regional organisation established in 1974, that aims to foster and strengthen regional cooperation and capacity to address the health needs of the member states of East, Central and Southern Africa and to attain the highest standard of health for individuals and communities in the region. Currently ECSA-HC has 10 active member countries namely: Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. ECSA-HC's mandate is *“to promote and encourage efficiency and relevance in the provision of health services in the region.”*

Within the framework of the 2004–2007 Strategic Plan, ECSA-HC's medium term goal was *“to contribute to the improved health status in ECSA-HC region by providing leadership in regional collaboration in order to improve the efficiency and quality of health services”*. In pursuit of this goal, ECSA-HC focused on three Key Result Areas (KRA) namely, a) Capacity Building; b) Policy and Advocacy; and c) Knowledge and Information Documentation and Dissemination.

Between June and July 2007, a team comprising Dr. Winston J. Allen, Monitoring and Evaluation Specialist from Africa's Health in 2010 Project, and Charles Oyaya, Health and Development Planning Specialist from Africa Health and Development (AHEAD) Management Services Ltd. conducted an evaluation of ECSA-HC's Strategic Plan. USAID's Africa Bureau, through their Africa's Health in 2010 Project, provided funding for the evaluation.

PURPOSE OF THE EVALUATION

The purpose of the evaluation was to review the implementation of the plan with a view to identifying successes, achievements, challenges, constraints and lessons learnt in the course of the Strategic Plan implementation. It was also ECSA-HC's objective for the evaluation to identify the health priorities, issues and challenges within the ECSA region, and learn lessons that could contribute to the development of a new ECSA-HC Strategic Plan 2008–2013.

EVALUATION METHODOLOGY

The evaluation team collected data from primary and secondary sources. The data collection methods included in-depth interviews with key informants and review of relevant programme documents. To collect primary data, the team visited five countries: Tanzania, including Zanzibar (Host Country), Kenya, Zimbabwe, Swaziland and Mauritius. In addition, the team conducted interviews at the SADC headquarters in Gaborone, Botswana. In each country visited, the evaluation team met with and interviewed Ministry of Health (MOH) staff, Focal Point Persons, staff of partner organisations, and other key stakeholders who are familiar with ECSA-HC's activities in the region. Interviews were conducted through a structured guide. Secondary sources of data included the ECSA-HC Strategic Plan (2004–2007), annual work plans, performance reports, programme documents, the mid-term evaluation of the Strategic Plan, country programme documents, and other documents collected from the countries visited. The evaluation team reviewed and conducted a content analysis of all available materials prior to field visits.

EVALUATION RESULTS

Country Health Priorities and ECSA-HC's Response

Countries in the region still suffer from heavy disease burden and poor health status. With the exception of Mauritius, communicable diseases form a large part of this burden. In Mauritius, non-communicable diseases are more prevalent. All the ECSA member states have identified their national health priorities in their respective national and/or sectoral policies and plans. ECSA-HC responded to country health challenges and priorities in a variety of ways through programme activities. Among other things ECSA-HC played a major role in supporting country efforts and enhancing cross border health initiatives and regional cooperation in health.

The role of ECSA-HC was described as follows:

- A technical resource organisation
- A regional health platform and network
- Promoter of collaborative, joint and cross border actions in health
- An intermediary between member states and other regional and international health organisations and partners
- A regional centre of learning and excellence in health
- A regional health information hub
- A voice and advocate for enabling sustainable policy and regulatory environment for health in the region
- An independent inter-governmental body championing, promoting and protecting the interests of member states at the global arena

ECSA-HC's Comparative Advantages

The respondents highlighted the following as areas in which ECSA-HC either enjoys or could enjoy some comparative advantages in relation to other regional bodies:

- Human resource development
- Research
- Policy advocacy and development
- Provision of direct technical assistance
- Harmonization of policies and guidelines
- Strengthening of regional referral system for patient care
- Establishment of regional early warning system
- Resource mobilization
- Health systems development and governance

For ECSA-HC to effectively maximize these comparative advantages, respondents suggested that it should actively seek to:

- Enhance its leadership role and image as the only inter-governmental technical health organisation in the region.
- Sharpen and build its technical capacity to effectively support the Ministries of Health and regional organisations, such as SADC and EAC, in health.
- Carefully review, reorganize and refocus its current programme task structure in order to ensure maximum responsiveness and relevance to the member states' health priorities and needs.

Awareness and Knowledge of the Strategic Plan

While most respondents were not aware or knowledgeable about the ECSA-HC Strategic Plan (2004–2007) and its contents, the organisation was recognized by its work. ECSA-HC is known as a regional human resource development and capacity building organisation; a technical resource organisation supporting health interventions of member states; an inter-governmental entity advocating for better policies and regulatory systems and delivery of quality health care; and a vehicle for research and information dissemination. These were considered as the main areas of ECSA-HC's comparative advantage in response to the health challenges and priorities of member states. Among respondents who were familiar with the structure, the Conference of Ministers was described as either "very effective" or "effective" in facilitating the implementation of ECSA-HC's Strategic Plan.

Programme Strategy and Implementation

ECSA-HC designed a seven-prong technical programme strategy encompassing both thematic and subject specific approaches. The thematic aspects included health system development; human resource development and capacity building; information, communication and dissemination; and institutional strengthening. The subject specific programmes included Family and Reproductive Health, Food and Nutrition, and HIV/AIDS. The choice of ECSA-HC's programmes was also determined by what it deemed could:

- Contribute most to the resolution of the health problems of member states
- Complement the activities or programmes of member states, NGOs, or other organisations
- Ensure continuity of the existing programmes
- Mobilize adequate and sustainable technical capacity
- Mobilize adequate and sustainable funding

The Strategic Plan of 2004–2007 appeared to have adopted the programme structure of the previous Strategic Plan (1999–2004), in which activities were organized around specific subject areas. This structure restricts interaction and collaboration between programme areas and activities, thereby limiting the responsiveness to diverse, emerging health needs of the identified member states and partners. Recommendations are made for activities in the next Strategic Plan to be structured around thematic areas, in order to allow ECSA-HC the flexibility to respond to changing health needs in the region and increase collaboration between the technical areas addressed by the organisation.

Financing of the Strategic Plan

In all member states, contributions to ECSA-HC are included as a line item in the budget, demonstrating the members' commitment. However, due to various factors, including foreign currency restrictions in some countries and differences in financial years among member states, there has always been a delay in remittances.

Achievements

In all seven programme areas, progress had been made in implementing activities in the Strategic Plan despite the mentioned challenges. In general, the ECSA-HC Strategic Plan (2004–2007) was considered extremely useful in providing strategic direction and guiding programme design and implementation. Most planned activities for the 2005/2006 financial year had been implemented. Respondents commended the Honourable Ministers of Health, Permanent Secretaries, members of the Advisory Committee, Directors of Health, Programme Managers and Cooperating Partners for their support to the institution.

Some respondents identified knowledge exchange and shared best practices as one area where ECSA-HC excelled, citing, as examples, conferences and other forums organized by ECSA-HC and the establishment of professional linkages among participants. These activities provided opportunities for knowledge exchange across the region and within member states. For the majority of respondents, the main achievements of ECSA-HC were identified as

- Inter-country coordination, through meetings and forums that bring member states together to share best practices and to network
- Advocacy
- Harmonisation of key strategies
- Capacity building.

Virtually all interviewees indicated that ECSA-HC has limited visibility at the country level. As the only inter-governmental health organisation in the region, respondents felt that ECSA-HC should provide more expertise and leadership on health issues to other regional organisations (e.g. SADC, C.S.) who focus on political and economic issues, but also work on some health issues.

Most respondents expressed the need for ECSA-HC to assist countries in achieving their health goals. Many felt that ECSA-HC should review the health plans of member states and assist them in addressing any gaps that may exist. The Secretariat, they indicated, rarely asked for feedback regarding its programmes. To improve this situation, a new strategic direction for the Secretariat was proposed. The need for the Secretariat to establish a systematic process for receiving feedback, as well as monitoring the programme implementation process at the country level, was seen as a high priority.

Challenges and Constraints

ECSA-HC faced several challenges in the implementation of the Strategic Plan (2004–2007). The challenges identified by respondents were:

- Limited financial resources to carry out all the identified Strategic Plan priorities
- Difficulties in translating regional strategy into country level operations
- Difficulties in the coordination of Strategic Plan activities in all member states
- Limited human resources at the Secretariat to implement and follow-up activities in all member states
- Restrictive programme structure to allow effective response by the Secretariat to needs and demands as they emerged
- Lack of system-wide M&E mechanisms

NEW STRATEGIC DIRECTION

The respondents identified several health concerns that ECSA-HC should consider as it focuses its programme interventions over the next five years. These included:

- Human resources for health crises
- Weak health systems and policy and regulatory environment
- Food insecurity and malnutrition and micro-nutrient deficiencies
- Poor maternal and reproductive health including adolescent reproductive and sexual health
- Gender-based violence
- HIV/AIDS, STIs and TB
- Malaria
- Integrated Management of Childhood Illnesses (IMCI)
- Non-communicable diseases
- Re-emerging diseases (Rift Valley fever, Kalaazar etc.)
- Impact of climate change on health
- Epidemics and disaster/emergency response and preparedness
- Road accidents and trauma

The respondents further suggested a broad range of programme areas in which ECSA-HC should be focusing its energy in the next five years. The top 10 most frequently suggested programme areas are:

1. Training and human resource development
2. Health systems development and policy harmonization
3. Malaria
4. Nutrition
5. Non-communicable diseases
6. Health promotion and regional/cross-border disease control and surveillance
7. HIV/AIDS
8. Health financing and national health accounts
9. Maternal and child health
10. Reproductive health

As part of its strategic response to regional health priorities, the respondents suggested that ECSA-HC should undertake an in-depth review of the member states' health policies and plans in order to identify the gaps and opportunities that exist. This should form the basis for ECSA-HC's new strategy. Broadly, the following emerged as the key strategic thrusts that should inform the new Strategic Plan outlook:

- Human resource development (training, capacity building and professional development)
- Health systems development and policy (governance, leadership, health financing, health service delivery, referral systems, alternative care, health policy development, advocacy, regulation (legislation) and quality standards)
- Health promotion, disease control and surveillance (communicable and non-communicable diseases, environmental health)
- Health commodities security (pharmaceuticals, equipment, logistics and procurements)
- International and regional cooperation and partnerships for health
- Research, knowledge management and dissemination including M&E
- Technical support and assistance to member states
- Institutional development and sustainability of ECSA-HC

There were also some suggestions that ECSA-HC could play a leading role in monitoring the MDGs in the region, and release an annual "ECSA-HC region report card" and status report towards 2015.

RECOMMENDATIONS

On the basis of the findings, the following specific recommendations are made:

ECSA-HC Strategic Identity and Niche

- ECSA-HC needs to review its niche, identity and strategic positioning in relation to other regional and international agencies working in the health sector in the region.

ECSA-HC Visibility at the Country Level

- The Secretariat should make sure that member states understand ECSA-HC's role in the region.
- There is need to create a mechanism to ensure continuous and institutionalized communication between ECSA-HC Secretariat and the country coordinating mechanism/focal persons/points at the country level.
- There is need for increased advocacy to raise awareness of ECSA-HC and its activities.
- The new Strategic Plan should be effectively launched in each country to raise awareness. Wider dissemination to all key stakeholders and institutions is required.

ECSA-HC's Responsiveness to Health Needs of Member States

- There is need to create and maintain a regional health database and surveillance/observatory systems connected to country systems.
- There is need for ECSA-HC to hold routine regional review meetings on the state of health in the region.
- ECSA-HC needs to develop a checklist of health priorities by country and monitor changes in these priorities.

ECSA-HC Programme Strategy and Design

- ECSA-HC needs to re-interpret its mandate in order to develop a programme strategy that will allow flexibility and innovation in response to the diversity of regional and country specific health problems and challenges.
- The organisation should adopt a programme development and implementation process that fosters common ownership of programmes by member states.
- There is need for a clear, shared programme structure at national and regional levels that is sensitive to the needs and issues at every level, both as they exist and as they emerge.
- There is need to clearly define and disseminate ESCA-HC's programme approach, especially in relation to its facilitation and implementation functions vis-à-vis the role of member states and allied institutions.
- The new Strategic Plan programme strategy needs to be thematic-specific rather than subject-specific, as was the case with the past two Strategic Plans.
- To maximize its comparative advantages, ECSA-HC needs to carefully review, reorganize and refocus its current programme task structure in order to ensure maximum responsiveness and relevance to the member states' health priorities and needs.

ECSA-HC Planning Approach

- ECSA-HC should consider adopting a bottom-up approach to planning, whereby the planning process would begin with the member states and end with the formulation of a *regional corporate plan*. This would include and reflect the priorities identified by the respective member states and other regional bodies, generating reasons for member states to remain associated with ECSA-HC, and to support the Secretariat activities, beyond statutory obligations. Furthermore, member states would have the space to be proactive and sufficiently motivated to engage in the entire ECSA-HC programme cycle.
- There is need for ECSA-HC to engage in joint planning with the country MOH technical teams.
- There should be Country Operational Plans (COP) linked to the Regional Corporate Strategic Plan and based on clearly defined implementation structure and M&E mechanisms.
- ECSA-HC should develop well-defined targets for the region and generic activities to achieve these targets with implementation responsibilities clearly defined.

- ECSA-HC should produce a calendar of activities and workplans that are circulated widely to member states.
- There is need for more participation of technical staff at country levels in the development of ECSA-HC's plans, and the need to create linkages with COPs.
- There is a need to make the ECSA-HC strategic and operational plans known to middle level technical staff at country levels.

Coordination and Implementation of ECSA-HC's Activities at the Country Level

- Every member state should have a structured country coordinating mechanism to ensure effective coordination and communication, as well as to provide essential secretariat support for the ECSA-HC activities in member states. Establishing a strong country coordinating mechanism may not only turn out to be cheaper, but also add value by the ECSA-HC presence felt in member states beyond the Ministries' of Health headquarters. The coordinating mechanism may consist of no more than a country coordinator supported by an administrative assistant. If established, the country coordinating mechanism, should (among other activities):
 - Coordinate and liaise with the regional secretariat
 - Participate in country functions and activities
 - Prepare country programmes and budgets
 - Present suggestions on appropriate country programmes to ECSA-HC
 - Exchange/share ideas and experiences with the other stakeholders within the country
 - Organize fundraising activities at the country level
- ECSA-HC needs to negotiate with member states to "host" or provide support in terms of basic and essential facilities, office space and personnel (i.e. a Focal Point Coordinator).
- There is need for ECSA-HC to enter into working agreements/MOUs with member states and other institutions (e.g. WHO, EAC, SADC and NEPAD) in defined areas of engagement.
- There is need to review and strengthen the role of the existing country mechanisms (e.g. Information Focal Person, Programme Focal Persons, Country Core Groups etc.) with a view to creating one common focal mechanism operating on the basis of COPs.
- There is need to establish a funding mechanism to support country based activities on the basis of the COPs.
- There should be a set of guidelines on terms and procedures for delegation of the implementation function to the member states.
- There is need to create a regional database of experts.
- There is need to improve the function of the information focal persons. Such persons should have clearly defined terms of reference that include information exchange between the Secretariat and the country, and vice versa.
- ECSA-HC should explore the possibility of linking up with WHO, who regularly obtain accurate data from the countries.
- There is need to establish a technical support or consultancy unit to support countries and agencies on a demand basis.

Human Resources at the Secretariat

In an effort to improve human resource management, ECSA-HC needs to institutionalise a staff performance appraisal system and staff development policies. The appraisal process should assist in identifying areas of capacity building and act as a feedback system on performance.

Financial Management

ECSA-HC needs to review and revise its financial policies and procedures, to take into account the country level financial management needs.

Institutional development and financial sustainability

- There is need to develop a corporate institutional development strategy with the aim of linking initiatives and strategies of all member countries.
- There is need to develop, in a participatory manner, a corporate Strategic Plan (from the country to regional levels), with clear articulation of the immediate, medium- and long-term institutional development and programme strategies and activities. This would provide the basis for strategic re-structuring and re-organisation of ECSA-HC towards institutional sustainability.
- ECSA-HC needs to come up with a financial sustainability strategy. A taskforce may need to be constituted to assist in exploring different options for ensuring financial sustainability including: establishment of an endowment fund, low risk investment options, income generating activities, transforming ECSA-HC into a technical resource organisation, long-term institutional funding, development of innovative programmes etc.
- There is need to develop a broad-based and multi-level resource mobilization and fundraising strategy to finance the new Strategic Plan, taking into account international, regional and country levels as well as internal resource generation opportunities.
- There is need to maximize the use of human resources and expert capital within the organisation and member states.
- There is need for an effective marketing strategy.

ECSA-HC's Monitoring and Evaluation Systems

- There is need to establish an institution-wide M&E system and framework with well-defined multi-level indicators to enable assessment of the impact of ECSA-HC's programme and institutional activities, especially at the country level.
- ECSA-HC should have an M&E unit and hire an M&E officer that can work with countries to develop common indicators and conduct follow-up.
- There is need for ECSA-HC to develop clear reporting tools and establish mechanisms for continuous feedback and reporting.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Background

The East, Central and Southern Africa Health Community—ECSA-HC (formerly known as the Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa)—is an inter-governmental regional organisation, established in 1974. ECSA-HC aims to foster and strengthen regional cooperation and capacity to address the health needs of the member states of East, Central and Southern Africa (ECSA) and to attain the highest state of health for individuals and communities in the region. At its founding, ECSA-HC consisted of 10 Commonwealth countries. They were later joined by Namibia, Mozambique and South Africa, which in addition to Botswana have since become inactive. Currently, ECSA-HC has 10 active member countries: Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

ECSA-HC's mandate is "to promote and encourage efficiency and relevance in the provision of health services in the region." Within the framework of the 2004–2007 Strategic Plan, ECSA-HC's medium term goal was "to contribute to the improved health status in the ECSA region by providing leadership in regional collaboration in order to improve the efficiency and quality of health services."

This report presents the results of an evaluation of the ECSA-HC Strategic Plan for 2004–2007. The evaluation was conducted by Dr. Winston Allen, an M&E Specialist from the Africa Health 2010 Project, and Charles Oyaya, a Health and Development Planning Specialist from Africa Health and Development (AHEAD) Management Services Ltd.

1.2 Terms of Reference

The purpose of the evaluation was to review the implementation of the ECSA-HC Strategic Plan (2004–2007) with a view to identifying successes, achievements, challenges, constraints and lessons learnt in the course of the Strategic Plan implementation. The evaluation sought to identify health priorities, issues and challenges within ECSA as a basis for developing a new Strategic Plan for 2008–2013. In addition, the evaluation sought to review the design of the current Strategic Plan document and determine the extent to which it should be either modified or retained.

1.2.1 Scope of the Evaluation

In response to the above objectives, the evaluation focused on institutional and programmatic aspects of ECSA-HC Strategic Plan 2004–2007. Specifically, the evaluation team assessed:

- The strategic relevance of ECSA-HC taking into account the emerging regional, national and global realities and context of the organisation's operations.
- The achievement of the stated ECSA-HC vision, mission, and goals through the Strategic Plan implementation.
- The performance, achievements, constraints and challenges in the implementation of programme activities in the Strategic Plan at both regional and country levels.
- The relevance of the priority areas in the current Strategic Plan to the health needs of the member countries;
- The impact of ECSA-HC, its programmes and activities on health needs in the region.
- Health priorities, needs and opportunities within ECSA-HC member states and their implications for the development of the new Strategic Plan.

While ECSA-HC has conducted a number of internal programme and institutional reviews before, this evaluation constituted the first institution-wide assessment of the organisation and its strategic programmes involving the member states. Results of the evaluation will be used in the development of the next Strategic Plan.

1.2.2 Methodology

Data was collected from primary and secondary sources. Data collection methods included in-depth interviews with key informants and a review of relevant programme documents. The team reviewed and conducted content analysis of available documents. The documents reviewed included ECSA-HC Three-Year Strategic Plan (2004–2007), ECSA-HC annual workplans, performance reports, programme documents, ECSA-HC's mid-term evaluation of the Strategic Plan, country programme documents and others collected from the countries visited.

To collect the primary data, the team made field visits to five member countries: Tanzania including Zanzibar (host country), Kenya, Zimbabwe, Swaziland and Mauritius. In addition, the team visited the SADC headquarters in Gaborone, Botswana. The Evaluation Team was divided into two teams, the first consisting of Dr. Winston Allen (External Evaluator) and Lillian Mwangi (ECSA-HC staff) who visited Kenya, Tanzania and Mauritius. The second team consisting of Charles Oyaya (External Evaluator) and Allie Kibwika-Muyinda (ECSA-HC staff) visited Zimbabwe, Swaziland and Botswana.

An average of one week was spent in each country visited. The country visits were used principally to answer questions that could not be reasonably answered through a desk review. The country visits enabled the evaluators to verify and better understand implementation of the Strategic Plan at country level, as well as country specific health priorities that would influence the development of a new ECSA-HC Strategic Plan. The visits also provided a platform for ECSA-HC staff to directly hear the views of member states on various aspects of the organisation, its programmes and it is expected. Interviews were conducted with ECSA-HC programme staff and representatives of selected international partner organisations (including USAID/EA, SADC, CAFS, UNICEF, WHO and SAHCD).

In each country visited, the evaluation team met with and interviewed Ministry of Health staff, Focal Point Persons, staff of partner organisations and other key stakeholders and partners using an interview guide. The list of people interviewed is provided in Appendix 1.

1.2.3 Limitations of the Evaluation

Because there are some country differences among the member states, it would have been ideal to visit all the countries instead of only five. However, due to resource constraints including time, it was not possible to visit all the member states. For countries not visited, questionnaires were e-mailed to the focal point person in these countries, but the responses were very low. The findings contained in this report, therefore, reflect the views, opinions, and perceptions of respondents in member states that were visited.

CHAPTER TWO: ASSESSEMENT OF ECSA-HC CONTEXT, COUNTRY HEALTH PRIORITIES AND STRATEGIC RESPONSES

2.1 Introduction

This chapter presents an assessment of ECSA-HC's scope of operations and its strategic responses. It provides a broad overview of the operating and health context as well as the health needs of member states and ECSA-HC's strategic response. The analysis is based on the review of relevant literature and key informant interviews.

2.2 The Operating Context of ECSA-HC

ECSA-HC continues to operate in a complex and dynamic socio-political and economic environment, which has a direct bearing on its agenda, role and mandate in the region. The ECSA region, with a population of over 190 million, accounts for nearly one-third of the population of sub-Saharan Africa, and has one of the highest population growth rates in the world. Half the population is aged between 5 and 24 years.

Against the backdrop of a high population growth rate, unemployment and poverty are pervasive in the region. Most countries are reeling from the effects of budget deficits, debt burden, deteriorating terms of trade, out migration of skilled labour and unemployment. These have greatly constrained the governments' ability to provide the much needed social services to their rapidly growing populations. The region is also prone to natural disasters such as droughts and floods, which are attributed to the increasing effects of climate change and climate variability. The persistent political instability and conflicts in neighbouring countries, such as Somalia, Sudan, Burundi and Democratic Republic of Congo, and the prevailing political uncertainty in some of ECSA-HC countries have direct impact on health and health systems in the region.

2.3 The Health Context in the ECSA Region

The ECSA region has high disease burden including communicable diseases, malnutrition, reproductive ill health and non-communicable diseases. Injuries and accidents also contribute significantly to ill health, disability and death. The reality in most countries in this region shows that the health MDGs are unlikely to be attained unless increased investments are made in the health sector. In some countries, both access and health outcome indicators are worsening and, as a result, some countries are now ranked among the poorest, in terms of health status, and the lowest, in terms of public health service delivery, in the world.

According to a UNAIDS report, the ECSA region accounts for about 50 percent of all HIV/AIDS in the world and is the epicentre of the epidemic. HIV/AIDS is now the leading cause of illness and death in the region. As indicated in Table 1 below, the prevalence of HIV in the adult population ranges from 4 percent in Uganda to over 38 percent in Swaziland. As a result of the high HIV prevalence, tuberculosis and other opportunistic infections have reached alarming proportions. In Swaziland, TB prevalence is the highest in the region at 1,120/100,000. The epidemic has also resulted in a large number of orphaned children. Life expectancy at birth has been significantly reduced in most countries in the region as a result of HIV/AIDS. Zimbabwe has the lowest life expectancy among females in the ECSA region, while Swaziland experienced the lowest life expectancy among males.

Table 1 – ECSA-HC Country Profile

Country	Population (thousands)	Life Expectancy at Birth (years)		HIV Prevalence (15–49) (%)	TB Prevalence (per 100,000)	Under Five Mortality (per 1,000 live births)	Maternal Mortality (per 100,000 live births)
		Male	Female				
Kenya	34,256	51	50	6.7	888	120	1,000
Lesotho	1,795	39	44	28.9	544	82	550
Malawi	12,884	41	41	14.2	501	175	1,800
Mauritius	1,245	69	75	---	135	15	24
Seychelles	81	67	78	---	83	14	---
Swaziland	1,032	36	39	38.8	1,120	156	370
Tanzania	38,329	47	49	8.8	479	126	1,500
Uganda	28,816	48	51	4.1	646	138	880
Zambia	11,668	40	40	16.5	707	182	750
Zimbabwe	13,010	37	34	24.6	673	129	1,100

Source: WHO Country Fact Sheet 2006

Malaria remains a major public health problem in most countries in the region, except for Lesotho, Seychelles and Mauritius. In some countries, malaria is the leading cause of illness and death. It is estimated that the sub-Saharan African region accounts for 90 percent of all deaths related to malaria. In countries where malaria is a public health priority, the last decade has seen a significant increase in the level of commitment to addressing the disease.

According to the WHO, maternal mortality rates in most countries in the region are high. The rates range from 24/100,000 live births in Mauritius, to 1,800/100,000 live births in Malawi. Also, estimated Contraceptive Prevalence Rates (CPR) range from 17 percent (Mozambique) to 76 percent (Mauritius). The overall trend in CPR has been a gradual increase in the region, rising from 22 percent in 2004 to 25 percent in 2007¹. Consequently, the Total Fertility Rate (TFR) has also been declining, dropping from 5.7 percent in 2004 to 5.5 percent in 2007². The under-five mortality rate continues to be high in countries in the region that are in the lower income bracket. For example, it ranges from 14/1,000 in Mauritius (which is a relatively high income country) to 182/1,000 in Zambia (which is much poorer).

Non-communicable diseases (NCDs) are emerging as a major public health problem in the region. There is increasing prevalence of NCDs such as hypertension, diabetes mellitus, heart disease, obesity and cancer. The coexistence of malnutrition and NCDs is a challenge in the ECSA region, as both have significant implications for overall quality of life. In wealthier countries, such as Seychelles and Mauritius, almost one-quarter of middle aged people are obese³.

In terms of health systems development, all countries in the region have been implementing health sector reforms in the past decade. Some of the main areas of focus have included a review of health policies and strategies, improving quality of services, ensuring equity, decentralization, strengthening health information systems, improving efficiency and cost effectiveness in the provision of health services and addressing human capital flight.

Countries such as Mozambique and Uganda have made significant progress in strengthening the health component of their Poverty Reduction Strategy Papers (PRSPs), as a means of accessing additional resources for health. Overall investments in the health sector remain relatively low in most countries in the ECSA region. The public per capita expenditure on health continues to remain far below the US\$34 per capita (recommended by WHO) in a number of countries. In most countries in the region, government spending on health is between 6–8 percent of the national budget – far less than the 15 percent recommended in the Abuja Commitment. Donors fund over 90 percent of the health sector in the region. In addition, available resources are distributed in a manner that is not consistent with stated priorities.

¹ Population Reference Bureau, 2004, World Population Data Sheet, Washington, DC

² Population Reference Bureau, 2007, World Population Data Sheet, Washington, DC

³ Disease Control Priorities Project, 2007, Non-communicable Diseases on the Rise in East, Central, and Southern Africa, Washington, DC

2.4 The Country Health Priorities

Although there are some differences in the strategies of member states, the main health priorities are similar and include: reproductive and child health, communicable and non-communicable diseases, health financing, HIV/AIDS, malaria and TB, nutrition, primary health care, health systems development and management, human resource management and development, environmental health and health promotion, water and sanitation, quality of care and alternative health services/traditional medicine. Most countries in the region focus mainly on the three epidemics – malaria, TB and HIV/AIDS. Issues of child and maternal morbidity and mortality are also major concerns. With a poor environmental health situation, various countries are prone to epidemic outbreaks, such as cholera, meningitis, measles etc., as well as re-emerging diseases such as Rift Valley fever, Avian Influenza and Kalaazar. Respondents were indeed concerned about the fact that most fatal diseases can be prevented, yet indicators related to these diseases have not been improving.

While most countries identified communicable diseases as a priority, Mauritius was the only country in which NCDs are more prominent, with diabetes, cancer, and cardiovascular disease being the most common. The other member states reported NCDs as being on the rise. Mauritius also has low HIV/AIDS prevalence, found mainly among intravenous drug users (IDUs).

2.5 ECSA-HC's Response to Country Health Challenges and Priorities

Respondents identified the following variety of ways in which ECSA-HC has responded through its programme activities to their national health needs, challenges and priorities:

- Conducted studies on infection control in the health care delivery system in the region
- Conducted essay competition for the youth
- Supported the development of HIV/AIDS workplace policies
- Held expert forums for exchange of ideas, including networking with other countries on how to improve human resources for health
- Facilitated research through the national institute of health in Tanzania on the management of the third stage of labour
- Conducted trainings
- Enhanced participation in the advisory boards of such initiatives as the human dermatology centre
- Sustained the food fortification and micronutrient agenda
- Supported HIV/AIDS and nutrition pre-service training
- Produced nutrition briefs that provide up-to-date expert information
- Promoted networking between professionals in different member states (a respondent commented that she gathered technical input for updating a growth chart from a network obtained while attending ECSA meetings)
- Provided and disseminated information through publications
- Enhanced the participation of MOH staff in various international and regional forums
- Promoted human capacity and professional development through the College of Surgeons and ECSACON;
- Established national level task forces and working groups, such as the working group on newborn survival and IMCI in Kenya
- Helped countries to set up National Health Accounts and systems

2.6 Role of ECSA-HC in the Region

In response to the regional health challenges and member countries' priorities, ECSA-HC, among other things, was founded to maintain and extend cooperation among member states in health and to contribute to the improvement of health systems and health services towards the realization of the highest standards of health for the people of the region. Indeed, all the respondents felt that ECSA-HC has played a major role in supporting country efforts and in enhancing cross-border health initiatives and regional cooperation in health.

The respondents perceive ECSA-HC as an inter-governmental and strategic organisation meant to coordinate regional efforts that address key health sector issues from a public interest and the African perspective. Specifically, respondents described the role of ECSA-HC as follows:

- **A technical resource organisation** providing and mobilizing technical support for member countries and other partners in health systems development, human resources development, health service delivery, health promotion, research and health information management policy development and harmonization of standards and regulation.
- **A regional health platform and network** of governments, inter-governmental organisations, civil society organisations, private sector, professional organisations, international agencies and scientific community addressing regional health challenges.
- **Promoter of collaborative, joint and cross-border actions** in health.
- **An intermediary** between member states and other regional and international health organisations and partners.
- **A regional centre of learning and excellence** in health.
- **A regional health information hub** documenting and promoting exchange of ideas, experiences, innovation, best practices, knowledge and information in health.
- **A voice and advocate** for enabling and sustainable policy and regulatory environment for health in the region.
- **An independent inter-governmental body** championing, promoting and protecting the interests of member states in the global arena.

Overall, most respondents felt that since ECSA-HC is the only technical health organisation within the region that has members from both SADC and EAC countries, the member states should be encouraged to adopt a resolution making ECSA-HC a technical resource for both bodies.

2.7 ECSA-HC's Perceived Comparative Advantage

In describing what they considered as areas of ECSA-HC's comparative advantage in response to their countries' health challenges and priorities, the respondents highlighted the following:

Human Resources Development: Recognizing human resources for health as a key challenge to all the countries in the ECSA region, the respondents appreciated the role played by ECSA-HC. They expected the organisation to continue playing its role in training and capacity building, development of leadership and management skills, promoting exchange of health professionals across the region, formulation of strategies for motivating the health workforce, strengthening human resource for health observatory and monitoring systems and management of human resources migration as key priority areas.

Research: ECSA-HC was regarded by several respondents as having the potential to play a leading role in health research in the region, particularly in conducting regional level health systems and policy research. ECSA-HC could also promote collaborative medical research by linking and bringing together various medical research institutions with international research institutions.

Policy Advocacy and Development: As a regional inter-governmental organisation with access to top level policy makers, several respondents felt that ECSA-HC has tremendous potential to carry out evidence-based advocacy and to support member states in developing evidence-based policies in health. Some of the suggested areas include:

- Calling on member states to increase investments in the health sector (aiming for the achievement of the commitment to allocate 15 percent of the annual budget to improvements in the health sector, as outlined in the Abuja Declaration Commitment)
- Formulation of practical national policies and strategies to manage migration of health professionals to developed countries
- Provision of technical assistance to member states in international negotiations and in advocacy at the international level

Provision of Direct Technical Assistance: Another area in which respondents felt that ECSA-HC could provide support is in the mobilization and provision of technical expertise and assistance, in various areas of interest, to the member states.

Harmonization of Policies and Guidelines: Most respondents felt that ECSA-HC could assist member states in enhancing quality standards, for example by providing assistance to regularize, harmonize and standardize systems, regulations, laws and practices relating to the procurement, management, distribution and registration of drugs and other medical supplies in the region.

Strengthening Regional Referral System: Respondents expressed that member states do not have joint initiatives or referrals that address common diseases. Respondents observed that there are no proper referral mechanisms that could enable patients moving from one country to another to get proper medical attention in the country of destination. There are also no protocols to harmonize the registration, training and practice of health care workers across the member states. To resolve these types of issues, the respondents felt that ECSA-HC could take the lead in bringing together the member states to establish a common framework for regional medical referral, utilization of experts and regulation of professional practice across the board.

Establishment of Regional Early Warning System: ECSA-HC's status as an inter-governmental organisation was also viewed as key to the development of a regional disease surveillance and early warning systems to ensure effective response and management of disease outbreaks and epidemics. Some respondents suggested that ECSA-HC could put in place a regional health surveillance system in collaboration with WHO to aid regional tracking and epidemiological mapping of diseases and disease outbreaks.

Resource Mobilization: ECSA-HC was also seen as having the potential of playing a key role in promoting, facilitating and supporting the member states in joint mobilization of resources for health in support of especially the under-funded areas of health. The issues of family planning, child health and NCDs were specifically mentioned as areas that could benefit greatly if ECSA-HC was to play such a role. It was indicated that resources to address particularly neonatal health has been limited, making it difficult for countries to implement programmes such as integrated management of childhood illnesses (IMCI).

Health Systems Development and Governance: Some respondents expressed the view that although ECSA-HC has been addressing health-financing issues, it could also play a big role in strengthening health sector governance systems and in building strong leadership. The respondents suggested that ECSA-HC should expand its health systems focus to include health sector governance, management and leadership issues.

Overall, the respondents recommended that for ECSA-HC to maximize its role and comparative advantages in response to various health needs of the member states it needs to:

- Enhance its leadership role and image as the only inter-governmental technical health organisation in the region.
- Sharpen and build its technical capacity to effectively support the Ministries of Health and regional organisations such as SADC and EAC in health.
- Carefully review, reorganize and refocus its current programme task structure in order to ensure maximum responsiveness and relevance to the member states' health priorities and needs.

CHAPTER THREE: ASSESSMENT OF THE ECSA-HC STRATEGIC PLAN (2004–2007) FRAMEWORK AND IMPLEMENTATION

3.1 Introduction

This chapter presents the results of the assessment of the ECSA-HC Strategic Plan (2004–2007) framework, implementation, achievements, challenges and lessons learnt.

3.2 Analysis of the Strategic Plan (2004-2007) Framework

The Strategic Plan's (2004–2007) goal was to contribute to the improved health status in the ECSA region by providing leadership in regional collaboration in order to improve the efficiency and quality of health services. In pursuit of this goal, ECSA-HC focused on three key result areas (KRAs):

- a) Capacity Building;
- b) Policy and Advocacy
- c) Knowledge and Information Documentation and Dissemination.

For each KRA, the Intermediate Results (IRs) set were as follows:

Key Result Area 1: Capacity Building

Two IRs were defined for this result area:

- a) Strengthened efficiency of health systems and practices, improved management of human resources and the mobilization of additional resources for the health sector. The specific results that were to be realized included strengthened capacity in critical skills, built capacity of health systems, harmonized training curricula, codes of practice and conduct and strengthened coordination of ECSA activities in member states.
- b) Strengthened institutional capacity of ECSA-HC and its governing bodies to provide effective leadership for coordinated action to address regional health priorities. This was to be reflected in increased visibility, strengthened leadership, improved management and financial systems, strengthened M&E activities and strengthened internal management information systems.

Key Result Area 2: Policy and Advocacy

The main IR for this KRA was advocacy for the development and adoption of evidence-based policies and programmes which succeed in addressing critical health issues in the region. The result was to be further realized through developed and adopted evidence based policies and programmes; promoted policy dialogue; and supported priority health systems operations research in the region.

Key Result Area 3: Knowledge, Information Documentation and Dissemination

Here, the main IR was the promotion of knowledge exchange and dissemination of best practices, harmonized national health quality standards and guidelines, and the sharing of M&E and research information. Specifically, this IR was to be realized in terms of strengthened information systems and processes; enhanced brokerage and networking promoted information sharing and exchange in the region; strengthened documentation, repackaging and dissemination of best practices; and strengthened M&E of member states policies and programmes.

On the basis of the medium-term goal, ECSA-HC defined four strategic objectives in the belief that their achievement would contribute significantly to the realization of their vision and mission. The strategic objectives were as follows:

1. Strengthen the efficiency of health systems and practices of member states, the management of human resources and the mobilization of additional resources for the sector.
2. Advocate for the development and adoption of evidence-based policies and programmes that succeed in addressing critical health issues in the region.
3. Strengthen the institutional capacity of ECSA-HC and its governing bodies to provide effective leadership for coordinated action in order to address regional health priorities.
4. Strengthen the regional harmonization of national health quality standards and guidelines, M&E information and to promote knowledge exchange and best practices.

To address the above strategic objectives, ECSA-HC identified seven strategies as follows:

1. Developing and strengthening partnerships and alliances with stakeholders and both regional and international organisations whose objectives were similar to those of ECSA-HC.
2. Facilitating research activities to support evidence-based policies and programmes.
3. Strengthening skills of health care providers, in order to improve health care delivery.
4. Monitoring and evaluation of health policies and programmes within the Secretariat and member states for relevance, effective implementation and impact.
5. Strengthening capacity of ECSA-HC and member states through needs assessments, organizational development and resource mobilization.
6. Documenting and disseminating best practices and lessons learnt, and promoting sharing of health information within the ECSA region.
7. Facilitating harmonization of health policies and programmes including training, registration and accreditation.

To realize the key results, the IR, strategic objectives and the strategies, ECSA-HC designed a seven-pronged programme structure consisting of:

1. Family and Reproductive Health
2. Food and Nutrition
3. Health Systems Development
4. HIV/AIDS
5. Human Resources Development and Capacity Building
6. Information, Communication and Dissemination
7. Institutional Strengthening

3.3 Operationalization of the Strategic Plan

To operationalize the Strategic Plan, ECSA-HC developed and costed a three-year operational plan, accompanied by annual workplans approved by the Conference of Health Ministers. The annual workplans considered resolutions of the Conference of Health Ministers, recommendations of the Advisory Committee and the Directors' Joint Consultative Committee and inputs of the Programme Expert Committees. There was however, no country operating plan developed to facilitate Strategic Plan implementation at the country level.

3.4 Awareness and Knowledge of the Strategic Plan

This evaluation started with the assumption that the level of awareness and knowledge of the regional Strategic Plan at country level would reflect the level of member states interest in the plan. Although most respondents interviewed were not aware or knowledgeable about ECSA-HC's Strategic Plan (2004–2007) or its contents, they nonetheless recognized the organisation by the work it does. It became evident that most programme level staff in member states had possessed no knowledge of the Strategic Plan, likely due to limited participation in its development and dissemination.

Among respondents who had seen or were aware of the Strategic Plan, the general opinion was that it complemented their national health plans. When asked which ECSA-HC Strategic Plan priorities complemented their national efforts, most respondents mentioned health systems development, health financing, especially National Health Accounts, HIV/AIDS, nutrition, reproductive health and human resource development and training.

3.5 The Strategic Plan Implementation Approach

In implementing the Strategic plan, ECSA-HC adopted an approach encompassing the following:

- Fostering and strengthening regional cooperation among the member states in various health fields.
- Enhancing the capacity of member states and health institutions to deliver efficient and quality health services.
- Advocating for enabling policies for the provision of health services in the region.
- Enhancing networking, collaborations and coalitions among the member states and health sector stakeholders in the region.
- Linking health service providers in the region.
- Provision of what ECSA-HC considered strategic leadership to member states.

Implementation of the Strategic Plan took a vertical approach, with member states largely playing the role of recipients and beneficiaries of ECSA-HC services. Due to the lack of defined country operating plans and/or workplans as part of the strategic plan implementation strategy, various country-level organizational structures (such as Information and Programme Focal Persons, Country Core Groups and Programme Steering/Expert Committees) were more or less dysfunctional. As a result, respondents viewed the Strategic Plan implementation process as a Secretariat-driven process. Guidelines were lacking to ensure the effective delegation of implementation functions for both member state structures and other stakeholders. Other limitations with the Strategic Plan implementation approach include the general lack of coordinated programme entry into the countries; inadequate follow-up and communication systems; and the lack of a uniting force for ECSA-HC activities at the country level. Several respondents indicated that there was very limited follow-up by ECSA at the country level to reinforce implementation of issues agreed to at the regional level.

At the programme level, it was envisaged that the implementation of the Strategic Plan (2004–2007) would be carried out through ECSA-HC governance and management structures. A four-pronged programme implementation approach was therefore adopted to execute the strategic plan. These included implementation through:

- ECSA-HC and its governance organs
- Member states Ministry of Health structures, programmes and core groups
- ECSA-HC institutions such as ECSACON and COSECSA-HC and their respective country level structures
- Coalition building, e.g. the Southern Africa Human Capacity Development Coalition (SAHCD) on HIV/AIDS

In assessing the effectiveness of the Strategic Plan implementation approach and structure, respondents were asked their opinion of what could be strengthened or reinforced. The results showed that not all respondents were familiar or conversant with the ECSA-HC programme implementation structure. For respondents who were familiar, most thought that the Conference of Ministers was either “very effective” or “effective” in facilitating the implementation, and that the Advisory Committee, ECSA-HC, the Expert Committee and Ministries of Health (member states) were generally “effective” in performing their roles in the implantation of the Strategic Plan.

There were, however, several respondents who did not know about the Country Core Group. In each of the visited countries, the Country Core Group had not been formed, even though respondents acknowledged that such a group had the potential of improving implementation of ECSA-HC’s activities at the country level. There were also several respondents who rated both Information and Programme Focal Persons as either “somewhat effective” or “not effective” and are severely constrained by ECSA-HC responsibilities, which are seen as are add-ons to their primary responsibilities at the Ministries of Health. Some respondents also felt that their functions are not guided and underpinned by any formal agreements between the Ministries of Health and ECSA-HC, and not least, by a mutually agreed country workplan.

Thus, to reinforce or strengthen various Strategic Plan implementation processes of ECSA-HC, respondents made the following suggestions:

- Need for advocacy by ECSA-HC to raise awareness at the country level on the functions of the various implementing organs.
- Need to expand the scope of work of the Expert Committees linking them to the Country Core Groups, and resources should be designated and made available to support their functions.
- Need to establish institutional infrastructure at the country level to support the functions of the Information Focal Persons. In this, there should be a review of their terms of reference, including roles and responsibilities and how they could function effectively in such aspects as programme liaison, coordination, communication and follow-up.
- Need to make the Country Core Group functional and to ensure their formation in countries where they do not exist.
- ECSA-HC should require quarterly reports from the Country Core Groups.

3.6 Financing of the Strategic Plan

It was observed that member states continue to bear the largest portion of the organisation’s institutional costs, while donors mostly bear the programme costs. Generally, the funding situation has remained stable over the Strategic

Plan period (2004–2007) even though major funding remains restricted to only a few donors. Delay in remittance of contributions by member states continues to be a concern. Cash flow projection however, indicated a favourable financial situation—despite the huge cash out-flow towards the construction of the ECSA-HC headquarters. This was attributed to the positive contributions from member states.

To determine the priority given to ECSA-HC by the member states in allocation of resources, the researchers asked respondents to indicate whether contributions to ECSA-HC were included in country budgets as a line item. In all member states visited, contributions to ECSA-HC are included in the budget as a line item, which demonstrates their commitment. However, due to various factors, including foreign currency restrictions in some countries and differences in financial years among member states in relation to ECSA-HC’s financial year, there have always been some delays in the remittance of contributions. All respondents nonetheless felt that member states should show their commitment by paying contributions promptly, apart from other forms of support that they may provide to the Secretariat. To a large extent, the sustainability of the organisation depends on each member state consistently contributing their diverse resources to the organisation.

3.7 Achievement of the Strategic Plan Goals and Results

Respondents were asked to state the extent to which they thought ECSA-HC had been successful in achieving the goals, objectives and results of the strategic plan. The majority of the respondents felt that ECSA-HC had been generally successful. Some respondents stated that ECSA-HC had been “very successful” in the promotion of knowledge exchange and best practices. Most cited conferences and other forums organized by ECSA-HC, and the establishment of professional linkages among participants, as examples of success since these provided opportunities for knowledge sharing across the region and within member states. However, there were some respondents who felt that the organisation had either been “somewhat successful” or “not successful” in developing and adopting evidence-based policies and programmes with regard to TB, a key result the advocacy goal.

Respondents were asked to identify what they considered ECSA-HC’s main achievements in the last three years. For the majority of respondents, the main achievements of ECSA-HC were identified as

- Inter-country coordination, through meetings and forums that bring member states together to share best practices and network
- Advocacy
- Harmonization of key strategies
- Capacity building

Other respondents, however, felt that it would be difficult to state the exact achievements because ECSA-HC does not widely publicize its activities at the country level and in the region.

3.8 Impact of the Strategic Plan

The main considerations made by ECSA-HC in designing its Strategic Plan programme strategy were to (a) ensure programmes are relevant to the public health concerns of member states and contribute to their resolution; and (b) achieve measurable impact on health concerns of member states and contributing to improving the efficiency and quality of health services, and ultimately the health status in region.

From the interviews and assessment made on programme activities, the evaluators found it difficult to determine the impact of the ECSA-HC Strategic Plan on the public health concerns of the member states, improvements in the efficiency and quality of health services and improvements in the health status of the people in the region. Greater in-depth analysis of specific programmes needs to be conducted to determine the direct impact of the organisation in the region. A multi-level M&E system or framework would also be necessary to enable continuous tracking of achievements and impacts of ECSA-HC interventions at both country and regional levels.

At programme output level, the evidence suggests that most of the planned programme outputs were successfully achieved. These are described in the next chapter of this report. As for the impact of the strategic plan on the institutional visibility, it was observed that ECSA-HC’s visibility did not improve much as a result of the implementation of strategic plan activities.

3.9 Challenges in the Implementation of the Strategic Plan

Several challenges were identified by respondents, which in their opinion, were experienced by ECSA-HC in the implementation of the Strategic Plan (2004–2007). Among the main challenges mentioned were:

- Limited financial resources to conduct the identified Strategic Plan priorities
- Difficulties in translating regional strategy to country level operations
- Difficulties in the coordination of Strategic Plan activities in all member states
- Limited human resources at the Secretariat to implement and follow-up activities in all member states
- Restrictive programme structure to allow effective responses by the Secretariat to the needs and demands of member states as they emerged
- Lack of system-wide M&E mechanisms

Other challenges mentioned by some respondents include accrediting the ECSACON in all members states, and the need for ECSA-HC to demonstrate its expertise, niche and comparative advantages in relation to other organisations in the region that are engaged in health activities.

CHAPTER FOUR: REVIEW OF STRATEGIC PLAN PROGRAMME ACTIVITIES

4.1 Introduction

This chapter presents the assessment of ECSA-HC's Strategic Plan programmes. To implement and realise key and intermediate results, strategic objectives and strategies, ECSA-HC designed a technical programme strategy that was considered to be regionally focused and relevant to the public health concerns of member states. The choice of ECSA-HC's programmes was also determined by what it deemed could contribute most to the resolution of the health problems of member states; complement activities or programmes of member states, NGOs, or other organisations; and ensure continuity of existing programmes. The areas of focus were also determined by what ECSA-HC felt could easily attract resources.

4.2 The Strategic Plan and the Programme Strategy

At a practical level, ECSA-HC designed a technical programme strategy that encompasses both thematic- and subject-specific approaches. The thematic aspects included health system development; human resource development and capacity building; information, communication and dissemination; and institutional strengthening. The subject-specific programmes included Family and Reproductive Health; Food and Nutrition; and HIV/AIDS.

Although there was logical and conceptual clarity of the relationship between the medium-term goal, key and intermediate results and strategies, there were some difficulties in directly linking functionally of these with ECSA-HC's subject-specific technical programmes.

4.3 Strategic Plan Programme Structure

By adopting a programme structure that organized activities around specific subject areas, instead of thematic areas, ECSA-HC limited its ability to respond to the diverse and emerging health needs of member states and other partner organisations identified in the strategic plan. Stakeholders recommended that activities in the next Strategic Plan be structured around thematic areas, as this will allow ECSA-HC the flexibility to respond to the changing health needs in the region and to increase collaboration between the technical areas addressed by the organisation.

It was apparent that staff got "boxed" into vertical programme areas, hindering their ability to be creative and innovative in either exploring or developing linkages across programme areas. Consequently, many member states and stakeholders ended up doubting ECSA-HC's technical capacity to respond to their needs and demands.

4.4 Programme Implementation Approach

As an inter-governmental organisation, ECSA-HC is essentially a catalyst organisation. In its facilitation role, respondents were of the opinion that the direct implementation of activities should ideally be left to member states, even though some central implementation functions should be undertaken by the Secretariat. As a facilitator, respondents generally expressed the opinion that the role of ECSA-HC should be the following:

- Foster and strengthen regional cooperation among member states in various fields, including but not limited to health policy; research and development; training and human resources development; standards and regulations; procurements; M&E etc.
- Enhance the capacity of member states and health institutions to deliver efficient, cost-effective and quality health services.
- Build and advocate for enabling policy, a regulatory and institutional environment for the provision of health services in the region.
- Build and enhance networking, collaborations and joint actions among member states and health sector stakeholders in the region.
- Facilitate and link member states and health institutions to work synergistically towards realising the regional health sector priorities.
- Provide strategic leadership that enables member states to attain improved health status for individuals and communities in the respective countries and the region as a whole.

However, all the programme activities were designed in a vertical manner which restricted direct input by member states. As a result:

- ECSA-HC programmes were largely viewed by member states as Secretariat-driven.
- All ECSA-HC programmes lacked a coordinated entry into member states.
- The programmes were largely seen as isolated activities associated with individual staff members at the Secretariat. As a result, programmes tended to assume lives of their own in member states, as reflected in the general lack of coordinated follow-up, communication and continuity.
- The structures which are established to support and represent ECSA-HC at country levels, such as Information and Programme Focal Persons, Country Core Groups, Programme Steering and Expert Committees, were found to be largely dysfunctional.

In addition, the lack of set guidelines on terms and procedures for delegation implementation functions of any given activity to either member state structures or other stakeholders was found to affect Strategic Plan implementation at the country level.

4.5 Assessment of ECSA-HC Programme Activities

This section of the report provides a summary overview and assessment of the activities implemented during the period covered by the Strategic Plan. Given that most respondents did not have in-depth or holistic knowledge of ECSA-HC's programmes, except for the activities and events they actually participated in, data for this section was drawn primarily from the self-assessments conducted by ECSA-HC technical staff as part of the evaluation process. The assessment covers each programme area, activities conducted, achievements, challenges and constraints, as well as recommendations for future programming.

4.5.1 Family Planning (FP) and Reproductive Health (RH)

The mandate of the Family and Reproductive Health Programme is to facilitate the development and implementation of policies, programmes and strategies in order to improve FP and RH. The programme objectives for 2005–2006 were to:

- Promote evidence-based RH policies and programmes
- Document and disseminate best practices in FP and RH
- Enhance the health status of women, children and men
- Advocate for the development and implementation of relevant policies that address the special needs of adolescents

4.5.1.1 Activities and Achievements

ECSA-HC successfully completed the following activities during the period:

- Planned for 2007/08 FP and RH expert committee meeting held in Nairobi in mid-August 2007.
- Reviewed pre-service curriculum for health training institutions with inclusions of EmOC, IMCI and GBV issues.
- Provided financial assistance to Malawi and Swaziland for the development of IEC materials on the prevention and management of malaria during pregnancy.
- Conducted a FP needs assessment in Lesotho.
- Conducted a regional workshop and TOT in partnership with the World Bank Institute (WBI) on the achievement of the MDGs.
- Developed, printed and disseminated FP and RH Strategy documents.
- Supported implementation of policy on the prevention and management of Malaria during pregnancy in Malawi, Swaziland and Uganda.
- Developed a policy brief and medium-term strategy on prevention and management of malaria in pregnancy in the ECSA region, in collaboration with WHO/AFRO.
- Supported advocacy activities for the removal of taxes and tariffs imposed on Insecticide Treated Bed Nets (ITNs) in Malawi, Ethiopia, Burundi and Democratic Republic of Congo. Held two advocacy workshops in Burundi and the Democratic Republic of Congo with technical and financial support from WHO/AFRO, NetMark/AED and ECSA-HC.

- Disseminated findings of the Assessment on FP programmes in the era of HIV/AIDS in Kenya, Zimbabwe and South Africa.
- Developed and adopted advocacy and capacity strengthening tools for improving FP programmes.
- Participated in a regional workshop on Contraceptive Security organized by USAID and Kreditanstalt für Wiederaufbau (KfW).
- Disseminated case studies on review of policies and programmes in child survival at the DJCC and Regional Health Ministers' Conference.
- Assessed policies and programmes on child survival with a focus on IMCI; and follow-on activities supported in Uganda and Kenya.
- Reviewed practice of Active Management of the Third Stage of Labour (AMTSL) as an approach for prevention of postpartum haemorrhage in Tanzania, Ethiopia and Uganda.
- Conducted a comprehensive analysis of causes of complications, death and disability during childbirth.
- Collaborated with the Commonwealth Secretariat, London to support the institutionalization of maternal and prenatal audits in Tanzania.
- Disseminated the findings of the TB and Gender study conducted in Tanzania.

4.5.1.2 Challenges and Constraints

Although many activities have been implemented, ECSA-HC is still faced with several challenges and constraints in the implementation of family planning and reproductive health activities. Among these are obtaining timely reports from partners implementing activities supported by ECSA-HC. There has also not been systematic follow-up or monitoring of post-workshop or training activities. There is also the need for mobilizing more resources in the area of family planning and reproductive health. The activities planned but not implemented, such as conducting training on achieving the MDGs (RH, Health Sector Reforms and Poverty Reduction) was mainly due to lack of funding.

4.5.1.3 Recommendations

It is recommended that the programme be reviewed to include issues of adolescent reproductive and sexual health, as well as sexual and gender-based violence, policies and laws. The need to advocate for increased financing of population management and family planning programmes in the era of HIV/AIDS was also expressed.

4.5.2 Food and Nutrition Programme

The mandate of the Food and Nutrition Programme is to undertake activities that contribute to the reduction of malnutrition in the region. Specific objectives of the programme for the Strategic Plan period were to:

- Advocate for relevant nutrition policies and programmes in the region.
- Contribute to the reduction of micronutrient deficiencies.
- Promote prevention and control of non-communicable diseases (NCDs).
- Promote harmonization of nutrition training, including the review and update of nutrition curricula and continuing education.

4.5.2.1 Activities and Achievements

During the Strategic Plan period, the Food and Nutrition Programme designed nine activities under SO1, one activity under SO2 and one under SO4. The main activities undertaken, and achievements realized, during the period include:

- Drafted and integrated 12 nutrition and HIV/AIDS modules (in collaboration with FANTA/AED) into the nursing and midwifery curricula. This was done in response to a request made by nursing and midwifery tutors.
- Developed food fortification standards by member states, and recruited a regional food fortification advisor to coordinate food fortification activities
- Reviewed nutrition policies in five member states

- Produced the manual, “Guidelines for Providing Nutritional Care and Support for People Living with HIV/AIDS (PLWHA),” in collaboration with WHO/AFRO and SARA-AED. The guidelines were adopted by all member states.
- Exposed all member states to the use of the PROFILES tool.
- Prepared MOU with the Mauritius Health Training Institute to jointly conduct training of different disciplines in prevention, management and control of NCDs
- Organized and convened the third Regional Food Fortification workshop in Kampala, Uganda from 29 August to 2 September 2005. Participating countries were Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.
- Drafted workplans for the four food fortification workgroups and the commitment of member states to establish Food Fortification National Alliances (FNAs) consisting of both private and public sector members.
- Finalized a Nutrition Brief entitled “Nutrition in Times of Emergencies.”
- Developed and disseminated policy briefs on food fortification, in collaboration with the Micronutrient Operational Strategies and Technology (MOST) and Micronutrient Initiatives.
- Collaborated with nutritionists from Uganda and Lesotho to develop satellite presentations on “Informing the Public on the Importance of Seals and Logos in Food Fortification” and “The Elimination of Iodine Deficiency in Lesotho”—a success story during the 18th International Congress of Nutrition held in Durban, South Africa, from 19–23 September 2005.
- Participated in the AU Health Ministers Conference in Gaborone, Botswana from 11–14 October 2005.
- Hosted of the Third Regional Food Fortification Workshop, with funds from GAIN and MOST, in Kampala, Uganda during September 2005.
- Initiated a project of home gardening and consumption of fruits and vegetables in six communities in the Arusha and Manyara regions in collaboration with the African Vegetable Centre (formerly known as Asian Vegetable Research and Development Centre (AVRDC)).

4.5.2.2 Challenges and Constraints

During the plan period, three NCD activities were not implemented primarily due to lack of funding. The printing and distribution of the nutrition and HIV guidelines was also delayed by three years from 2003 to January 2006. It was noted that because most countries do not have a national nutrition policy, there were general delays in the implementation of programme activities. Availability of nutrition policies was therefore identified as key to enabling smooth implementation of programmes and avoidance of duplication of efforts.

4.5.2.3 Recommendations

- Draft and create a nutrition master plan (to be coordinated by Food and Nutrition Coordination Office (FNCO))
- Strengthen the coordinating body of nutrition activities
- Develop a programme on NCDs and intensify fundraising for the same.

4.5.3 Health Systems Development Programme

The mandate of the programme was to strengthen health financing reforms in order to improve the efficiency of health systems in member states. This programme was established in 2000 as Health Care Financing Programme. Its objectives in member states were to:

- Strengthen policy frameworks for health care financing
- Increase health services operational efficiency
- Enhance equity and efficiency for resource allocation
- Enhance the mobilization of additional resources for the health sector
- Improve the management of drugs, pharmaceuticals and other medical supplies

4.5.3.1 Activities and Achievements

The programme mobilized resources from member states, USAID/REDSO, PHRplus, and leveraged resources from RPMplus and member states to fund a number of activities. Among the activities implemented and results accomplished during the plan period include:

- Analyzed and documented exemption policies and best practices on resource allocation disseminated.
- Conducted a study on resource allocation, waivers and exemptions was conducted for Zambia, Malawi, Tanzania and Uganda.
- Held A series of participatory training workshops for the institutionalization of costing of hospital services in Mulago Hospital, Uganda; Moi Teaching and Referral Hospital, Kenya; Coast Provincial General Hospital, Kenya; Kilimanjaro Christian Medical Centre, Tanzania; Queen Elizabeth Central Hospital, Malawi and University Teaching Hospital, Zambia.
- Established cost centres and unit costs at the University Teaching Hospital, Zambia; Kilimanjaro Christian Medical Centre; Tanzania, Cost Provincial General Hospital, Kenya; Moi Teaching Hospital, Kenya; Mulago Teaching Hospital; Uganda, and Queen Elizabeth Central Hospital, Malawi.
- Held training workshops on the Institutionalization of NHA in member states. Over 200 participants have been trained in NHA analysis, of which over 158 are from the 11 active ECSA member states.
- Rolled out costing of Hospital Services in The University Teaching Hospital, Zambia and Moi Teaching and Referral Hospital, Kenya.
- Established a NHA Training and Resource Centre at Centre for Educational Development in Health Arusha (CEDHA), Arusha, Tanzania.
- Trained on policy analysis in using NHA forecasting and modelling techniques.
- Documented and disseminated best practices and resource allocation waivers.
- Completed costing of health services manual and software.
- Applied NHA for policy decisions in Kenya, Mauritius, Zambia, Malawi, Uganda and Tanzania.
- Finalized a Manual for Community Health Financing in collaboration with MOH/Tanzania CHF Unit and Hanang District Tanzania.
- ECSA-HC supported Tanzania to develop NHA Committees and facilitated a planning workshop in conducting NHA in August 2006 in Bagamoyo.
- Conducted team-based training in support of Community Health Funds.
- Held the ECSA-HC Health Systems Development Expert Committee meetings.
- Established ECSA-HC Regional Pharmaceutical Expert Committee.
- Established the Regional Pharmaceutical Expert Committee comprising of eight members in May 2004.
- Provided support to Community Health Financing network meetings in the region.
- Updated existing tools and advocating for their use at the country level for Social Health Insurance (SHI) and CHF Documentation of the steps to set up SHI in Kenya, Tanzania, Uganda and Rwanda experience.
- Documented better practices in SHI and resource allocation conducted in Tanzania, Uganda and Rwanda.
- Printed and distributed the CHF manual in 2005 Regional Pharmaceutical Strategy developed in collaboration with RPMplus.
- Implemented the Regional Pharmaceutical Strategy.
- Undertook the quantification of drugs, using software models as a part of costing of essential health package, in two districts in Zambia and Tanzania.
- Provided regional training to support NHA in Lesotho and Tanzania.
- Developed a NHA projection model.
- In collaboration with MTRH and UTH, trained executive management teams of four at the provincial hospital in Kenya and similarly four provincial hospitals in Zambia towards the end of 2006.
- Upgraded CIB website to include information on WHO essential medicines list.

4.5.3.2 Challenges and Constraints

Training on Policy Analysis using NHA was not carried out due to delays in completing the Interim Projection Model. The joint donor/partner meeting to support Institutionalization of NHA in ECSA was not implemented due to lack of interest among donors.

4.5.3.3 Recommendations

The scope of the health systems development programme needs to be expanded beyond health financing to include governance, leadership, and health service delivery and referral systems.

4.5.4 HIV/AIDS Programme

The programme's mandate and goal is to contribute to the achievement of a 25 percent reduction in new HIV infections among 15–24 year olds and improve access to quality of care and support to PLWHA. The objectives were to:

- Advocate for effective policies, strategies and programmes for HIV/AIDS prevention, treatment and care
- Build capacity of health care providers in management of HIV/AIDS
- Facilitate resource mobilization for an expanded and emergency response to the epidemic
- Strengthen mechanisms to increase access to affordable drugs and commodities for HIV/AIDS-related conditions

4.5.4.1 Activities and Achievements

Activities during the plan period were largely drawn from the HIV/AIDS strategy 2002–2006, that was technically aligned with the ECSA-HC Strategic Plan (2004–2007). Representatives from member states, including HIV/AIDS programme managers, reproductive health managers, representatives of HIV/AIDS councils, representatives of NGOs and regional and international partners, contributed to the development of the HIV/AIDS strategy. The activities implemented include:

- Convened and organized the Regional Pharmaceutical Forum (RPF) meeting in Nairobi on 29 August 2005.
- Participated in meetings of the East African Community and WHO/UNAIDS on access and managing HIV/AIDS pharmaceuticals in the region.
- Mounted a course on “Managing Procurement and Logistics of HIV/AIDS Drugs and Related Supplies” in collaboration with the World Bank Institute in Arusha, Tanzania from 18–25 April 2005.
- Held a follow-up meeting on “Managing Procurement and Logistics of HIV/AIDS Drugs and Related Supplies” in Addis Ababa from 24–28 October 2005 as a post training advocacy and policy dialogue activity at country level, in association with WBI, ARIPO and other partners.
- Reviewed, developed and disseminated the harmonized pre-service HIV/AIDS content in curricula for medical schools of University of Nairobi, Kenya; National University of Lesotho; Kamuzu College of Nursing, Malawi; Makerere University, Uganda and University of Zambia.
- Held two workshops for trainers of nurses and midwives from the ECSA region to consolidate the integration of HIV/AIDS issues, including nutritional aspects, into the pre-service training nursing curricula in Swaziland (21–25 November 2005) and in Zambia (22–25 February 2006).
- Held workshops to disseminate evidence-based policies on the impact of HIV/AIDS on the health system in Malawi, Kenya and Tanzania in 2005.
- Reviewed progress in implementation of follow-up activities on improving access to care, treatment and support of PLWA in ECSA-HC countries through UNAIDS/ WHO support.
- Supported the development and adoption of guidelines on Adolescent Sexual and Reproductive Health in Kenya, Lesotho and Uganda.
- Conducted a regional review of TB and HIV programmes in Kenya, Uganda, Malawi, Tanzania, Swaziland, Zambia and Zimbabwe and presented the report at a regional meeting of HIV/AIDS and TB programme managers in Kampala, Uganda from 18–21 April 2006.
- Conducted a review of PMTCT in seven member states (Kenya, Lesotho, Mozambique, Tanzania, Uganda, Zambia and Zimbabwe) and shared findings at a regional meeting held in Kampala, Uganda from 19–20 April 2006.

4.5.4.2 Challenges and Constraints

The main challenges experienced in executing the planned programme activities include inadequate human and financial resources and lack of harmony among regional organisations working in the field of HIV/AIDS.

4.5.4.3 Recommendations

- Follow-up with the World Bank Institute to support the region in order to improve procurement and logistics systems
- Strengthen linkages and collaboration with other programmes, especially TB and Malaria
- Develop a regional database on HIV/AIDS

4.5.5 Human Resources Development, Capacity Building (HRD&CB) and ECSACON

The mandate of the HRD&CB programme is to contribute to capacity development of human resources for health (HRH) and support countries in strengthening human resources for health systems and processes. The objectives were to:

- Coordinate and strengthen capacities of member states to train and manage HRH. Advocate for and develop policies that promote HRH development and capacity building for improved health service delivery.
- Contribute to improving quality of care through professional regulation, standards development and harmonization of training, education programmes and basic competencies.
- Enhance information dissemination and networking to promote better health practices in the ECSA region.

4.5.5.1 Human Resources Activities and Achievements

During the reporting period, the programme undertook the following activities:

- Held a workshop on Training of Trainers (TOT) for HIV/AIDS, in Ezuwilini, Swaziland from 21–25 November 2005. A total of 38 nurse educators and nurse managers were trained.
- Held an in-country TOT workshop for Nurse Educators and Nurse Managers on the integration of HIV and AIDS content in pre-service curriculum for nurses on 20–24 February 2006 in Lusaka, Zambia, with support from USAID/REDSO.
- Conducted HRH situation analyses in seven ECSA-HC countries: Kenya, Lesotho, Malawi, Seychelles, Tanzania, Uganda and Zambia. The findings were presented to the Technical Committee from 30 October to 1 November 2005.
- Conducted studies on staff workload in relation to the essential health packages for nursing and allied health professionals in two districts of Hanang, Tanzania and Kafue, Zambia.
- Developed standards for nurses and midwives based on essential health packages.
- Conducted an evaluation of the dermatology training programme at Kilimanjaro Christian Medical Centre (KCMC), Moshi, Tanzania.
- Held a planning meeting for the development of a distant learning midwifery tutors programme in Malawi in June 2006.
- Carried out discussions on collaborating with WHO and COMSEC on the development of the Midwifery Tutors programme.
- Finalized an MOU and workplan with EQUINET. The focus of the MOU is on retention and migration studies.
- Held the Africa Health Workforce Observatory Meeting from 26–29 September 2006, in collaboration with WHO, World Bank and Capacity Project.
- Provided support for the adoption and adaptation of Infection Prevention and Control (IPC) Policies and Guidelines by Lesotho, Seychelles and Zambia, in collaboration with WHO/AFRO.
- Participated in the World Health Day Commemoration and the launch of the World Health Report in Lusaka, Zambia in April 2006.
- Mobilized the African Diaspora Health Care Professionals and Resources for Capacity Building in Africa conference on 21–22 March 2006 in London, UK.

4.5.5.2 ECSACON Activities and Achievements

- Finalised and printed ECSACON Strategic Plan (2006–2007).
- Held ECSACON conference in August 2006.
- Developed formal Training Education Programme for ECSACON.
- Recruited ECSACON Programme Officer in January 2006.
- Held ECSACON Executive Committee Meeting in Uganda on 10–12 April 2006, to plan for the 7th Scientific Conference and 2nd Quadrennial meeting of ECSACON.
- Finalized of ECSACON Code of Ethics.
- Finalized of the History of ECSACON document in August 2005.

4.5.5.3 Challenges and Constraints

The implementation of the programme activities was mainly constrained by inadequate resources; difficult communication with member states; multiplicity of HRH cadres; HRH crisis issues in the region; difficulties in identifying institutions that can conduct Leadership for Change training; weak M&E systems for country follow-up activities; and lack of an advisory group for Allied Health Professionals (AHP).

4.5.5.4 Recommendations

There is need to:

- Explore alternative resource opportunities for the programme.
- Follow-up on advisory group for AHP issue.
- Document and disseminate HRH best practices.
- Establish an enabling framework to ensure effective skills exchange among countries in the region.

4.5.6 College of Surgeons of East Central and Southern Africa (COSECSA)

COSECSA is an independent body of ECSA-HC whose purpose is to promote excellence in surgical care, training and research in the region. It was founded in 1999 at the 50th Annual General Meeting of the Association of Surgeons of East Africa, from where its Foundation Fellows are drawn. It was established because senior surgeons in the region recognized that the quality and availability of surgical services were inadequate.

One of the main aims of COSECSA is to train surgeons to the highest possible standard, by setting up a common training programme that can be undertaken at accredited hospitals in the region. The programme is followed by Membership and Fellowship examinations set by the College. The College has accredited and established training programmes in Ethiopia, Kenya, Malawi, Mozambique, Tanzania, Uganda, Zambia and Zimbabwe. It is also active in Swaziland and the Seychelles.

In 2002, the Secretariat of COSECSA was established in Arusha, Tanzania, within ECSA-HC, by the resolution of the Regional Conference of Health Ministers. The Christian Blind Mission (CBM), a German organisation working with the visually impaired, agreed to a three-year funding programme of COSECSA, Council Meetings and Examinations from 2003–2005.

The objectives of the College are:

- To ensure the highest ethical standards of surgical practice and professional conduct are maintained throughout the ECSA region and that surgery is available to those that need it.
- To harmonize surgical training and qualifications by organizing a common training programme in recognized institutions, and to arrange and conduct admission examinations of COSECSA candidates.
- To promote and encourage post-graduate education and research in surgery relevant to the ECSA region.
- To order the advance of the science and practice of surgery by organizing workshops, seminars, lectures and conferences which regularly bring together members and fellows of the College.

4.5.6.1 Activities and Achievements

- Developed COSECSA strategic and business plans.
- 57 hospitals were accredited.
- COSECSA approved Higher Surgical Training (HST) in General Surgery and Orthopaedics and commenced HST in Neurosurgery, Plastic Surgery and Urology.
- Conducted Basic Surgical Training (BST), which takes two years. 22 surgeons registered for MCS-ECSA-HC training: four came from Zambia, two from Malawi, four from Zimbabwe, eight from Kenya and four from Uganda.
- Conducted the HST programme, which takes a minimum of three years. Three surgeons from Zimbabwe and two from Zambia registered for the training course leading to the COSECSA Fellowship examination (FCS-ECSA-HC) in General Surgery, and two surgeons from Zambia registered in Orthopaedics.
- Held orthopaedic training workshops in association with the South African College of Orthopaedic Surgeons.
- Held the 3rd COSECSA membership examinations in October and November 2005.
- Held the 2nd COSECSA fellowship examinations in October and November 2005.
- Held a Training of the Examiners Course attended by 22 senior surgeons, who acted as examiners.
- Regularly held COSECSA Council Meetings.
- Held the 5th Annual General Meeting of the College of Surgeons in Dar es Salaam on 30 November 2005, attended by 128 fellows and members.
- Initiated the process of merging the Association of Surgeons of East Africa (ASEA) and COSECSA initiated, to be completed by 2009.
- Elected a new Council to serve for 2006–2007.
- Appointed a COSECSA Administration Officer.
- Continued to expand The Ptolemy Project, which enables surgical trainees to access COSECSA training modules and the University of Toronto medical library via the Internet, with the cooperation of the Office of International Surgery in Toronto, Canada.
- Maintained the COSECSA website (www.cosecsa.org) to contain information about activities, including training programmes, examinations and meetings.
- Maintained links with the College of Surgeons of South Africa, the West African College of Surgeons and the Royal College of Surgery in the UK.

4.5.6.2 Challenges and Constraints

The main challenge was inadequate resources, which curtailed most of the Secretariat and COSECSA functions.

4.5.6.3 Recommendations

There is need to:

- Market the College widely.
- Diversify the COSECSA resource base.
- Document and widely disseminate best practices in surgery.
- Expand the mandate of the college to include other medical professions.
- Improve the M&E system of the college.

4.5.7 Information, Communication and Dissemination Programme (ICD)

The broad purpose of the ICD Department is to promote and support activities at both region and country levels that facilitate region-wide sharing of information among the member states. Specifically, the programme pursued the following objectives:

- Strengthen information and communication systems at ECSA.
- Strengthen collaboration and information sharing among Focal Point Persons and other stakeholders.
- Enhance information documentation, repackaging and dissemination of information.

4.5.7.1 Activities and Achievements

During the plan period, the ICD Department planned and implemented the following activities, mainly under SO3 and SO4:

- Printed and disseminated ECSA-HC desk calendars for 2006 to member states.
- Facilitated the dissemination of a number of corporate and programme reports such as NHA, HRH, MIP, AMTSL, in both electronic and printed formats.
- Launched
- Launched policy briefs series concept and in-house capacity growing.
- Produced and disseminated policy briefs and other advocacy materials in collaboration with the other departments.
- Trained an ICD Officer in repackaging policy materials.
- Regularly updated and maintained the ECSA-HC website.
- Established ECSA-HC databases in collaboration with other programmes and departments, continuously updated databases.
- Procured and upgraded IT equipment through USAID/REDSO funding.
- Conducted electronic connectivity survey and developed ICT plan.
- Drafted an IT policy. Carried out annual meetings of IDC focal persons and networking activities. Developed ICD Strategy and carried out follow-up activities. Introduced a strategic approach to ECSA-HC ICD activities.
- Identified information focal persons in seven member states and held the first IFP meeting.
- Instituted IFP networks as an information sharing mechanism.
- Mobilized resources for IT systems upgrading.
- Established food fortification webpage as a part of the ECSA website.
- Developed media partnership initiative (and launched ECSA-HC media listserv) for more visibility.
- Produced and disseminated ECSA-HC newsletter on a regular basis.
- Established an editorial board and currently is developing a draft policy.
- Developed and approved a communication strategy in 2004, which has increased ECSA-HC strategic approach to ICD activities, media engagement and publications among others.

4.5.7.2 Challenges and Constraints

ICD programme faced a number of challenges including:

- Weak follow-up and communication with the member states, due to fact that the IFPs are not implementing their action plans.
- Donor fatigue in IT systems hardware funding.
- Lack of a framework to prioritize policy briefs based on available funding.
- Lack of clear policy on quality control in publications and roll-out plan.
- Lack of an ECSA-HC advocacy strategy.
- Inadequate utilization of IFPs and the challenge of CCGs role.

4.5.7.3 Recommendations

There is need to:

- Consider including equipment needs into programme budgets.
- Mainstream ICD needs in programme plans.
- Be innovative in equipment management as part of programme activities.
- Devise an elaborate plan for ECSA-HC to contribute to member states ICT uptake activities.
- Develop an action plan for strengthening electronic connectivity for country level networks. The initial concept needs to be re-worked to reflect more substantive and sustainable focus on advocacy.
- Strengthen internal capacity, streamline and explore possibility for centralized and well managed database to increase relevance, sustainability of ECSA-HC ICD functions.

- Conduct skills-building in policy briefs production for ECSA-HC technical staff.
- Streamline the production of ECSA-HC advocacy and promotional materials within an overall advocacy strategic framework.
- Diversify ECSA-HC's funding base for ICD activities, and encourage PRB, Africa 2010, USAID/EA to invest more in ICD.
- Develop an ECSA-HC advocacy strategy and to develop advocacy skills and capacity among the programme staff.

4.6 Overall Programme Implementation Challenges and Constraints

Overall, the major challenges and constraints experienced in implementing the activities in the workplan were as follows:

Insufficient human resources: The staff situation at technical level remains inadequate with all programmes managed by one officer at coordinator level. This negatively impacts on the capacity of ECSA-HC to deliver effectively on its programmes in all the member states.

Insufficient financial resources: Financial resources from member states for maintaining the Secretariat, implementing the strategic plan and workplans were noted to be insufficient. In addition, the delay in receiving member states' contributions and funds from collaborating partners made planning and scheduling of activities difficult.

Inadequate information sharing: Information sharing between the Secretariat and member states forms part of the core business of the organisation and yet it remains inadequate. For example, some focal persons in member states do not have access to e-mail or internet facilities and therefore are not able to communicate effectively.

Unavailability of focal persons in some member states: There are many on-going activities which should involve focal persons for ECSA-HC technical programmes. However, due to work pressure and competing priorities, focal persons have not been available to work with their ECSA-HC counterparts when needed. Their unavailability negatively affects the scheduling and implementation of planned activities.

4.7 Conclusion

In the final analysis, ECSA-HC made tremendous progress in implementing activities in the strategic plan and workplan despite the constraints mentioned above. The ECSA-HC Strategic Plan (2004–2007) was found to be a useful instrument in providing strategic direction and guidance to staff designing and implementing programme activities. Most planned activities within the Strategic Plan were therefore implemented. The support received by the Secretariat from the Hon. Ministers of Health, Permanent Secretaries, members of the Advisory Committee, Directors of Health, Programme Managers and Cooperating Partners in realising the objectives of the Strategic Plan, was highly commended.

CHAPTER FIVE: ASSESSMENT OF ECSA-HC'S INSTITUTIONAL FRAMEWORK AND SUSTAINABILITY

5.1 Critical Milestones in ECSA-HC Growth and Development

Since its inception in 1974, ECSA-HC has achieved tremendous growth and institutional milestones. The 10 founding member states include Botswana, Kenya, Lesotho, Malawi, Mauritius, Swaziland, Tanzania, Uganda and Zambia. Seychelles joined in 1976 followed by Zimbabwe in 1980, Namibia in 1990, South Africa in 1994 and finally, Mozambique in 1995. It should be noted that the establishment of ECSA-HC followed a series of meetings of Commonwealth Health Ministers beginning with the Conference of Commonwealth Health Ministers, held in Mauritius in 1971, followed by the Conferences of Health Ministers held in Zambia in 1972 and Botswana in 1973. The establishment of the Permanent Secretariat in 1974 in Arusha, Tanzania, under the name Commonwealth Regional Health Community Secretariat *for East, Central and Southern Africa* (CRHCS) followed these conferences.

In its growth and development, the period 1974–1980 has been considered the foundation years. In 1980, the member states resolved to take over the control of the organisation and placed it under the direction of the Conference of Health Ministers as the highest authority. The period 1980–1985 saw the expansion of the Secretariat's activities. The period 1985–1994 were the consolidation years of the organisation and also the most challenging years in the history of ECSA-HC. In 1999, four member states—South Africa, Namibia, Botswana and Mozambique—withdrawed their active participation and became ineffective. After the difficult years, 1995–2004, the organisation was on the recovery path with the launch of the first Strategic Plan (1999–2004). In 2002, the Conference of Ministers resolved to change the name of the organisation from CHRCS to ECSA-HC in Entebbe, Uganda. This was followed by the Amendment of Convention, which was approved in November 2003 in Livingstone, Zambia. While the ratification of the Convention (2004) is ongoing, seven member states have ratified the Convention so far.

5.2 Assessment of Institutional Niche and Visibility

Broadly, ECSA-HC has gained recognition from various organisations such as the WHO and other health-related UN agencies, SADC, EAC, AU, NEPAD, The World Bank, USAID and NGOs as a key inter-governmental player pursuing the agenda for better health in East, Central and Southern Africa. Indeed, in its 33 years of existence, ECSA-HC has achieved tremendous growth and development, which in many ways has contributed to improving the health situation in the region.

However, almost all of the respondents interviewed indicated that ECSA-HC has limited visibility at the country level. Even some of those interviewed at various Ministries of Health stated that they first heard of ECSA-HC when they were invited to participate in activities organized by ECSA-HC, or after ECSA-HC held a meeting or workshop in their country. The respondents therefore felt that they need to work more on its visibility and in identifying its defining niche, given the fact that there are several other regional organisations working in the area of health that have emerged in recent years.

The respondents nonetheless agreed that the fact that ECSA-HC is the only health-focused inter-governmental African organisation in the region sets it apart from the others. ECSA-HC's niche was considered to be its capacity to provide expertise and leadership on health issues. It was also suggested that ECSA-HC should carve out a niche by working at the operational level. The example of ECSA-HC's work in health financing at the hospital level was cited as the kind of activity that gives ECSA-HC a unique position vis-à-vis other regional agencies.

Several respondents indicated that in the area of HIV/AIDS, ECSA-HC could create a niche for “good drugs.” It was felt that among all the regional organisations, ECSA-HC has the best chance of creating opportunities for making reasonably priced HIV/AIDS drugs available in the region. In addition, respondents were of the opinion that ECSA-HC has the comparative advantage of having a broader view of health problems and issues across the region and can develop generic solutions to address these issues. It also has the advantage of coordinating member states' efforts, something that other organisations might have difficulty in doing. ECSA-HC also has access to all the MOH, and has the ability to convene meetings of health experts.

To improve its visibility, the respondents made several suggestions:

- ECSA-HC should strengthen linkages with the countries and make people more aware of successes and achievements through the leadership of the focal person.
- ECSA-HC should participate in meetings convened by the governments of member states.
- More ECSA-HC advocacy is needed at the country level.
- ECSA-HC needs to directly support activities at the country level.
- The formation of the country core group needs to be accelerated.
- More investment in human resources is needed at both the Secretariat and country levels.
- Involvement of technical staff at the MOH in the ECSA-HC planning process needs to be scaled-up.
- Provision of technical support to countries as part of ECSA-HC core business should be considered.

5.3 Assessment of the Governance Structure and Processes

ECSA-HC's governance objectives are to review and approve policy documents; monitor budgets; provide a framework for M&E of ECSA-HC's programmes, provide continuous linkage between the regional secretariat and member states; project the corporate image for ECSA-HC; and provide a framework for effective management of assets and funds, including membership contributions. The main governance and management organs of ECSA-HC are described below.

5.3.1 Member States

Out of the 14 member states, 10 are currently active. As an inter-governmental organisation, ECSA-HC's strength lies in its membership. Member states are therefore expected to fully and actively participate, co-operate and be proactively involved in the implementation and realisation of ECSA-HC's vision, mission and objectives. Unlike other regional bodies, there is no role defined for Heads of State or Government of the member states since ECSA-HC is considered a technical organisation. The evaluation team, however, feels that to ensure greater visibility of ECSA-HC, the Conference of Health Ministers should periodically convene forums for the Heads of State on health.

5.3.2 The Conference of Health Ministers

This is the highest organ that provides overall political and policy guidance to the organisation. The conference meets annually to review and define health strategies, activities and priorities for the region. The Conference of Ministers (COM) resolutions form the basis of various activities at national, regional, and international levels. While majority of the COM resolutions are reflected in programmes of the Secretariat, evaluators noted a lack of follow-up mechanisms to ensure that resolutions are indeed implemented. COM meetings were held regularly and their outcomes properly documented.

5.3.3 The ECSA-HC Advisory Committee (AC)

Consisting of the Permanent/Principal Secretaries of the Ministries of Health from member states, the Advisory Committee (AC) acts as the Board of Management and is responsible for overseeing the Secretariats' operations. The support provided by the AC in the day-to-day management of Secretariat affairs was highly appreciated. AC meetings were held regularly and their outcomes properly documented.

5.3.4 The Directors' Joint Consultative Committee (DJCC)

DJCC is the highest technical committee made up of Permanent Secretaries, Deans of Medical Schools, and Directors of Health Services and Research Institutions. The DJCC meets annually to deliberate on matters of collaboration in health services, training, research, and other technical areas relating to the Secretariat's activities. The majority of those interviewed felt that, apart from its administrative and governance functions, the meetings of DJCC should have a scientific conference component.

5.3.5 The ECSA-HC Secretariat

The Secretariat, headed by the Executive Secretary, implements the regional health strategy and initiatives as defined by the Conference of Health Ministers in its resolutions combined with AC and DJCC recommendations.

The Secretariat acts as an engine and catalyst for regional cooperation and coordination, facilitating and mobilising member states to address regional health challenges. The Secretariat facilitates, implements and executes the policies enacted by the Conference of Health Ministers, AC and DJCC. In particular, the Secretariat ensures:

- The availability of appropriate administrative and support services
- Effective and efficient implementation of the regional Strategic Plan and activities
- Effective coordination and communication among members and the Secretariat at both the national and regional levels
- Regular and on-going consultation with members and partners
- Consultations between members and partners
- M&E of the Strategic Plan implementation, and proper documentation
- Networking with, and dissemination of, information to members and other partners
- Capacity building of members, indigenous organisations and other civil society partners
- The preparation and conducting of regional meetings
- Provision of technical support to national institutions where necessary
- Fundraising and resource mobilization
- Planning and organizing regional forums and dialogues with partners

The Programme Steering/Expert Committees assist the Secretariat by providing experts and focal persons from member states to support each technical programme; the IFPs appointed by the MOH in each Member State; and the Country Core Groups in each Member State headed by the Permanent/Principal Secretary.

The Executive Secretary coordinates all the activities of the organisation and reports to the COM. The management decisions are made through the management team, consisting of the Executive Secretary, Administration Manager, Finance Manager and the Programme Coordinators. The functions of the management committee are to review and implement the Secretariat management policies and procedures, including the strategic plan, finance, personnel, procurement and public relations and to advise the Executive Secretary on various management, technical and administrative issues. Overall, the research team observed that the regional secretariat faced many challenges due to shortage of staff and lack of adequate funding to effectively sustain the country specific activities.

The evaluators felt that to ensure greater effectiveness and responsiveness to the needs of member states, the Secretariat may need to review its functional structure both at regional and country levels. In particular, the Secretariat may need to adopt a thematic approach to programming, as opposed to a subject-specific approach, and to adopt both Regional and Country Operational Plans (ROP and COP) as opposed to its current regional work planning (RWP) approach.

5.3.6 ECSA-HC Institutions–COSECSA and ECSACON

These are two main independent organs of ECSA-HC. They aim to promote excellence in surgical and nursing care, training and research in the region respectively. ECSA-HC Secretariat hosts these institutions by providing office and administrative support. The Evaluation Team recommends a careful reflection by both ECSA-HC and the two institutions on their functional relationship, especially at the country level.

5.3.7 Country Coordinating Mechanism

ECSA-HC country activities are currently vested in the MOH, Information and Programme Focal Persons, the Country Core Groups and Programme Expert Committees. The country strategy focuses on direct implementation of individual programmes from the Regional Secretariat. There are no country action plans, although there have been attempts to enable the Information Focus Persons to have action plans. Effectively, ECSA-HC was found to lack effective country coordination mechanism. As a result, the country institutions remain the weakest points in the ECSA-HC's overall organizational structure. Because of lack of funds, visits to the countries by the Regional Secretariat staff are project-specific and dependent on whether a project activity is ongoing or planned in a particular member state or not.

When the respondents were asked their opinion on the institutional form that ECSA-HC should adopt at the country level, the majority felt that ECSA-HC should continue using the MOH as its focal point within member states. They however, expressed the need to ensure that ECSA-HC related functions at the MOH are enhanced and structured for the MOH to be effective. For example, there were suggestions that there should be a designated staff member at the

MOH wholly dedicated to the ECSA-HC activities, coordinating programmes and acting as the focal liaison person, responsible for maintaining continuous communication between the ECSA-HC, the MOH and other stakeholders within the country.

On the other hand, although very few respondents that felt there should not be a country an independent office for ECSA-HC, they also suggested that ECSA-HC could establish a strong country coordination mechanism within the framework of the MOH. They suggested that ECSA-HC could take the example of WHO, which provides ongoing technical support to the MOH at the country level and is always on hand to assist the MOH (unlike ECSA-HC, which is located in Arusha, Tanzania). The main reason for not favouring an independent ECSA-HC country office was perceived high costs associated. However, the evaluators observed that the current costs incurred in communication, parallel programme visits and coordination, by each of the seven programmes, may also be fairly high. The evaluators therefore recommend a careful evaluation of the Secretariat's country functional and cost structure, in order to determine whether or not the current system is cheaper as compared to the establishment of small country coordination offices staffed with Country Coordinators supported by Office Assistants. The evaluation should also determine the value that the current structure and/or the country coordination offices would add to the overall realization of the ECSA-HC objectives at both regional and member states levels.

5.3.8 Non-MOH and Sub-National Stakeholders

The majority of those interviewed felt that participation and involvement of non-MOH stakeholders such as NGOs, private sector, and others could contribute immensely to ECSA-HC's visibility and effectiveness at the country level. Several suggestions were made by respondents on how ECSA-HC could expand the participation of these groups at the country level. First, noting that, even at the Ministries of Health, ECSA-HC activities are not that "vivid", it is absolutely necessary for ECSA-HC to intensify its advocacy and publicity functions and to invite other stakeholders from both state and non-state organisations to participate in its country and regional activities. Second, it was suggested that more of these stakeholders could be invited to participate in ECSA-HC's planning process. At the country level, many suggested that because the MOH work with other ministries and NGOs, ECSA-HC through its focal persons and other organs, could participate in such meetings to let people know about activities that are planned or being implemented.

5.3.9 Working with Other Regional Organisations

ECSA-HC is one of several regional inter-governmental organisations working in the region. Other organisations such SADC, EAC, WHO and NEPAD/AU, to name a few, are also increasingly expanding regional programmes to address issues of health in the region. Respondents were asked to suggest ways in which all of these agencies can work together for the common health goals of the region.

Most respondents thought that regional organisations working in health should work to avoid duplication of efforts and resources as well as negative competition. These organisations should be complementary to each other. Several respondents said that when compared to other agencies working in health, ECSA-HC is best placed to provide technical leadership in health to countries, while the others are limited in a number of ways. By ECSA-HC focusing solely on health, it can take the lead in accompanying other organisations such as SADC, EAC, AU, NEPAD on various health issues and in documenting and sharing best practices. For all of the organisations to be effective in what they do in the area of health, respondents suggested that there should be communication among them, and they should interest each other to participate in each other's activities. One way to do this is for them to invite each other to their respective events that they may organize in the region and to undertake joint or collaborative initiatives.

5.4 Assessment of ECSA-HC Management and Administrative Processes

ECSA-HC's management objectives are to facilitate effective programme implementation with available resources and to maximize their strategic and comparative advantages.

5.4.1 Human resource management practices

Every organisation has to strive to attract and retain quality staff. Staff retention and productivity will mainly depend on the organisation's human resources management practices. Over the years, the staff establishment has expanded from eight in 1974 to about 35 in 2007. The 35 staff members are comprised of the Executive Secretary,

administration and finance managers, programme coordinators, programme officers, programme assistants, administrative assistants, personal secretaries, drivers and interns. The staff members at the Secretariat are drawn from various member states including Swaziland, Lesotho, Kenya, Tanzania, Zambia and Uganda. While the staff establishment largely reflects ECSA-HC's regional focus, all the staff members, with the exception of one (based in Pretoria), are based at the Secretariat.

Personnel policies and procedures manual: ECSA-HC has a personnel manual that sets clear guidelines on staff recruitment, remunerations, expected behaviour and attitudes, process of conflict resolutions, and dismissal. This manual may need to be reviewed in line with any new task/functional structure that may be proposed by the new Strategic Plan 2008–2013.

Communication, teamwork and leadership: The evaluators felt that ECSA-HC has a friendly working environment. There appeared to be mutual support in all undertakings. Staff described the workplace as supportive, friendly and good. The Executive Secretary was viewed as approachable, committed to teamwork and eager to respond to the needs of staff and members. Management should be encouraged to continuously enhance the workplace to motivate staff to perform at their best.

Staff compensation: A good compensation package should be able to attract and retain quality staff, compete favourably with offers in the job market, be socially acceptable by key stakeholders and be perceived as reasonable within the framework of impartiality and equity. It is under this framework that the ECSA-HC staff compensation package is analyzed. While the remunerations offered to programme or technical staff is fairly reasonable, the support staff felt that their remuneration could be improved. Provision of staff development opportunities was also considered as a key incentive by staff.

5.4.2 Financial management

ECSA-HC has fairly effective financial policies and procedures guidelines in place. The organisation prepares annual plans and budgets. Annual audits have been conducted on time. The organisation has also prioritized the review and upgrade of its financial and accounting systems. It is hoped that these measures will lead to greater improvements in the overall finance management system including timely financial reporting. If ECSA-HC decides to establish country level coordination units with respective country operating plans and budgets, the review of the financial and accounting system should take such undertakings into account especially in terms of procedures for disbursement, financial reporting and accountability management.

5.4.3 Public Relations, Marketing and Publicity

ECSA-HC recognizes that to increase its visibility and attractiveness as a premier health resource institution in the region, it requires vigorous marketing and publicity of its work and services at various levels. Indeed, ECSA-HC has tried to achieve this through the publication and dissemination of newsletters, brochures, books, marketing materials and merchandise; collaboration with the media; and participation in international and national meetings and forums on different issues relevant to the organisation.

However, institutionally, the evaluators observed that the marketing function is fairly weak. ECSA-HC needs to develop a corporate marketing and publicity strategy, which would significantly influence its recognition and acceptability as an indispensable strategic resource organisation on matters of health in the region. The marketing and publicity activities should include the following:

- Developing, designing and packaging a simple ECSA-HC product/service concept, for ease of marketing and publicity.
- Developing an appropriate public relations strategy to increase ECSA-HC's visibility and its work among stakeholders and users of its services.
- Holding annual donor roundtables to share with donors (existing and potential) ECSA-HC's business/Strategic Plans, explain the benefits that would accrue to them when they choose to work with ECSA-HC and to assure the donors that whatever funds given are and will be used in ways mutually agreed.
- Developing and maintaining simple but effective multimedia communication strategy through print, electronic channels and, periodically, through outdoor channels.

- Negotiating with media houses for unpaid and/or paid publicity in order to influence public opinion and policy makers on important and topical health policy issues in the region.

5.5 Assessment of ECSA-HC Strengths, Challenges and Threats

In the discussions with different respondents the following emerged as the perceived strengths of and challenges and threats facing ECSA-HC.

5.5.1 ECSA-HC's Strengths

Different respondents mentioned the following as the perceived strengths which the organisation can build upon:

- ECSA-HC exists to meet a felt need. Everyone pointed out that ECSA-HC has the opportunity to transform itself into a strong regional organisation that specifically focuses on health from a public interest perspective.
- ECSA-HC is accepted as a neutral structure that promotes health issues through policy and advocacy, capacity building and sharing of experiences, best practices and information in the region, a recognition that gives it the comparative advantage.
- ECSA-HC commands goodwill of its member states, which have appreciated the organisation by remitting their contributions to the Secretariat.
- ECSA-HC has committed staff, Ministers of Health, Principal/Permanent Secretaries, and Directors etc.
- ECSA-HC has implemented some very successful and well-appreciated programmes, especially in advocacy, information sharing, training and capacity building and in mobilizing members to address various national, regional and international health challenges.
- There is an increase in the demand for ECSA-HC services in a variety of areas.
- ECSA-HC has been able to sustain partnership and relations with its members, and external supporters.

5.5.2 Challenges and Constraints

Similar to other organisations, ECSA-HC is facing challenges which its leadership and members need to address. The following are the challenges, constraints and dilemmas identified by respondents:

- The need to disaggregate ECSA-HC's vision and mission statements into concrete strategic result areas with clear indicators for measuring institutional achievement, outcomes and impact in both short- and long-term. While measuring impact, especially at the country or population level, is challenging, but it can be done.
- The need to review the roles of the country structures such as the IFPs, Country Core Groups and Programme Expert Committees in order to establish strong country level institutional, coordination and programme delivery mechanism for greater effectiveness and sustainability.
- The need to review the DJCC's role, to ensure that stakeholders fully participate in the activities of the organisation.
- The need to evolve a systematic way of building strategic alliances at the country, regional, continental and international levels with groups and institutions that influence ECSA-HC's areas of strategic engagement.
- The need to build a creative action research and policy analysis strategy as a tool for promoting evidence based advocacy and decision-making.
- The need to broaden and diversify programme funding and to generate internal resources to ensure financial sustainability.
- The need to demonstrate ECSA-HC's relevance and value to member states and partners.

5.5.3 Threats to ECSA-HC

The respondents felt that the strategic relevance and position of ECSA-HC is threatened by a number of factors including:

- Invisible country presence and identity by ECSA-HC.
- Limited funding base restricted to only a few donors.

- Donor conditionality that affect some member states.
- Increased competition from other regional bodies that are also focusing on health.
- Existence of other sub-regional organisations that also engage in addressing health issues and in which the ECSA-HC member states are also members (e.g. SADC and EAC).
- Diversity in member states health policies.
- Poor economic situation in most member states.
- Very high expectations from member states.
- Relatively weak national health systems.
- Impact of globalization especially on migration of human resource for health.

5.6 Institutional Sustainability

The question of sustainability has come to occupy an important space in the organizational development debate today. Very often, matters concerning sustainability are linked to the question of whether a given organisation can continue to exist without external support. For purposes of this evaluation, sustainability is looked at in terms of an organisation's ability and capacity to accomplish what it is set up to achieve with relative stability over time rather than the mere perpetuation of an organisation's existence.

Institutional sustainability for ECSA-HC, thus refers to the ability of the organisation to maintain and modify itself and to adapt to the environment as it changes and as it realizes its stated objectives. This implies an organisation's commitment to continuous improvement and its ability to ensure the long-term health and performance of the organisation as it pursues its vision and mission in a dynamic environment. Specifically, institutional sustainability is about achieving results, innovation and creativity, service quality and beneficiary satisfaction, cost effectiveness, efficiency as well as achieving job and life satisfaction by staff despite the negative environmental influences.

Therefore, the mere fact that ECSA-HC's vision, as stated, cannot be realised in the immediate future, makes the question of sustainability a major challenge—especially in the context of the existing pervasive poverty and ill health in all ECSA-HC countries. For this reason, the question of sustainability becomes an important consideration since ECSA-HC must find ways of sustaining itself towards meeting its stated vision, which evidently, cannot be completely achieved in the foreseeable future.

The sustainability question in ECSA-HC is addressed at four levels: organizational, physical, programme and financial.

5.6.1 Organizational Sustainability

ECSA-HC's institutional sustainability assessment reveals that it has gone through some very difficult and threatening challenges, yet has emerged stronger. Given the various threats to the organisation that still exists as outlined above, ECSA-HC needs to continually review and adapt its organizational work processes, communication and programme development. In particular, the following will be important to consider:

Developing a capacity and attitude that is friendly and supportive to member states: One reason why similar organisations have failed is the inability to focus on the felt needs of members and primary constituencies. To address this, ECSA-HC will need to evolve the capacity to plan around the needs of members in order to enhance its relevance to members and to inculcate a broad sense of ownership. This can only happen if member states are genuinely involved in planning and decision-making processes, including resource generation for health.

Promoting active participation of non-MOH stakeholders in Secretariat programmes: ECSA member states, including the non-MOH stakeholders, should be actively involved in ECSA-HC's activities. To achieve this, ECSA-HC should create country mechanisms to ensure their effective participation in programme development and implementation processes.

Building and strengthening effective management structures and systems and staff capacity: A clear structure that provides a framework for people to channel their contributions is imperative to any organisation. A review of ECSA-HC organisation structure, task flow, roles and responsibilities will be necessary to ensure coordinated and orchestrated programming and delivery of services at various organisational levels. Continuous staff development—as people and not merely as human resources—would also be critical to achieving institutional sustainability. All

necessary management systems and policies should be continually reviewed to enhance staff productivity and accountability.

5.6.2 Physical Sustainability

In its life, the organisation has occupied various premises including the Agip Building (1974–1977), AICC (1978–2004), the New Safari Hotel (2004–2007) and now ECSA-HC headquarters in 2007. With a new and well-equipped headquarters, ECSA-HC has effectively expanded its physical asset base, which now reflects its permanence and physical sustainability in Arusha, Tanzania. ECSA-HC’s computers, accessories and other office facilities are generally in good working condition, even though the need for additional and continuous maintenance of equipment and facilities was expressed. This facility, when expanded to other sites, has the capacity to be used for training and other networking purposes, which will ultimately make it a live headquarters for the community.

5.6.3 Programme Sustainability

Programme sustainability in the context of this evaluation refers to the ability of ECSA-HC to remain focused on its strategic objectives and to ensure their translation into actual benefits to the targeted groups through programmes. In its early years, ECSA-HC focused mainly on sharing experiences and expertise in the region, training and capacity building. The table below presents the evolution of ECSA-HC programmes over the years.

Evolution of ECSA-HC Health Community’s Programmes

Year	Programme
1979	Food and Nutrition Programme established
1980	Nursing Affairs Programme established
1990	ECSACON launched by H.E. Dr. Hastings Banda in Malawi
1990	Health Research Programme (now the Family and Reproductive Health Programme)
1999	Human Resources Development and Capacity Building Programme (following the introduction of the first Strategic Plan, 1999–2004)

At present, the programmes focus on seven areas as assessed earlier in this report. From a sustainability standpoint, the assessment of the linkages between the stated ECSA-HC corporate vision, mission and corporate objectives on one hand and the short- and medium-term strategic programming on the other hand, showed some inconsistencies. For ECSA-HC’s sustainability in programme work, long-term planning and programming capabilities, including the strengthening of the country level programmes and implementation, will be absolutely necessary.

5.6.4 Financial Sustainability

Financial sustainability is the ability of an organisation to raise, manage and accountably utilize both external and internal resources to meet its programme and institutional administrative costs with relative security. An assessment of the current resource base shows that member states have continued to support nearly all institutional costs while most of the organisation’s programme funding is derived from donor partners. To address the issue of financial sustainability, it was established that all the governance organs of the organisation namely, the Conference of Ministers, AC, DJCC and the Secretariat have given some thoughts to the matter.

In all cases, it has been noted that ECSA-HC has a significant level of financial insecurity and that achieving financial sustainability remains a major challenge to the organisation and a concern of the member states. Despite this realization, ECSA-HC still does not have a concrete financial sustainability strategy. Most respondents interviewed felt that ECSA-HC should explore the many possible alternatives of scaling-up external support while developing the capacity for internal generation of income.

When asked how ECSA-HC can become financially sustainable, respondents put forward the following suggestions:

- Develop proposals for health activities that attract funds from other sources
- Demonstration of ECSA-HC’s relevance to the member states’ priorities. This could also lead to an expanded membership base to include more countries in the region

- Develop income generating activities, such as providing technical assistance to countries through consultants on a fee for service basis, providing conference facilities, etc.
- Collaborate with other organisations to solicit funds for activities in the region
- Each member state should consistently make their contributions
- Expand the membership to include professional associations
- Establish a post basic training centre for health along the lines of ESAMI or Regional Management Institute in Gaborone.

Increased funding opportunities for health are imperative for ECSA-HC to develop a long-term institutional and financial sustainability strategy. To ensure financial sustainability, ECSA-HC will need to:

- Enhance ownership by members, such that each member state continually seeks to bring resources to the organisation
- Sharpen its niche and marketing capabilities
- Ensure cost-consciousness and seek more cost-effective approaches for delivering on the organisation's mission and objectives
- Explore income-generation options including provision of technical services; and
- Negotiate with donors for long-term funding, including the development of an endowment fund. This will allow the organisation to invest the members' contributions in building a strategic reserve that would also help ECSA-HC to protect the sovereignty of members who may be affected by any donor conditionality.

CHAPTER SIX: ASSESSMENT OF THE NEW ECSA-HC STRATEGIC DIRECTION, CONCLUSION AND RECOMMENDATIONS

6.1 New Strategic Direction

From the foregoing, there is a clear call to ECSA-HC to set new strategic directions in the context of the changing environment of its work and the emerging demands of the member states. Indeed, when respondents were asked to suggest the priority areas in which they would like ECSA-HC to focus its programme activities, the majority expected ECSA-HC to take the lead in shaping regional health agenda as it assists member states to achieve their own health goals.

The organisation was seen as being well-positioned to develop, test and disseminate new approaches and models in health. For example, some respondents suggested that ECSA-HC could work with two or three countries, to test new approaches, see what is working and then promote the best practices in the region. Respondents identified a broad range of programme areas that they thought ECSA-HC could focus its energy on over the next five years in support of the member states' efforts. These include training and human resource development; health systems development and policy harmonization; malaria eradication; nutrition; non-communicable diseases management and control; health promotion and regional/cross-border disease control and surveillance; HIV/AIDS control and management; national health accounts and health financing; child health; and reproductive health. There were also some suggestions that ECSA-HC could play a leading role in monitoring the MDGs in the region, and release an annual "ECSA-HC region report card" and status report towards 2015.

As part of its strategic response to regional health priorities, the respondents suggested that ECSA-HC undertake an in-depth review of the member states' health policies and plans in order to identify the gaps and opportunities that exist, and which should form the basis for ECSA-HC's new strategy. Broadly, the following emerged as the key strategic thrusts that should inform ECSA-HC's new Strategic Plan outlook:

- **Human resources development:** training, capacity building and professional development
- **Health systems and policy development:** governance, leadership, health financing, health service delivery-PHC, referral systems, alternative care, health policy development, advocacy, regulation (legislation) and quality standard
- **Health promotion, disease control and surveillance:** communicable and non-communicable diseases, environmental health
- **Health commodities security:** pharmaceuticals, equipment, logistics and procurements
- **International and regional cooperation and partnerships:** for health
- **Research, knowledge management and dissemination:** including M&E
- **Technical support and assistance:** to member states
- **Institutional development and sustainability:** of ECSA-HC

The respondents also identified several health concerns that ECSA-HC should consider as it focuses its programme interventions over the next five years. These included:

- Human resources for health crises
- Weak health systems and policy and regulatory environment
- Food insecurity and malnutrition and micro-nutrient deficiencies
- Poor maternal and reproductive health including adolescent reproductive and sexual health
- Sexual and gender-based violence
- HIV/AIDS, STIs and TB
- Malaria
- IMCI
- Non-communicable diseases
- Re-emerging diseases (Rift Valley fever, Kalaazar etc.)
- Impact of climate change on health
- Epidemics and disaster/emergency response and preparedness
- Road accidents and trauma

6.2 Conclusion

ECSA-HC has realized major milestones in the implementation of its Strategic Plan. Through the Strategic Plan (2004–2007), ECSA-HC has re-established its presence in the region. Indications show that some of the inactive members may be willing to become active again. Other non-ECSA countries (e.g. DRC and Ethiopia) are keen to join the community. Overall, ECSA-HC has successfully implemented its Strategic Plan activities, most of which were well appreciated. Strategically, ECSA-HC has yet to realize its full potential, especially at the country level and in influencing global health policy processes. As ECSA-HC searches for ways to position itself as the most visible strategic health resource institution in the region, it will need to develop a clear medium- and long-term strategy. Institutional and financial sustainability issues will need to be at the centre of the new strategy. The need to invest resources, time and assistance on strengthening country level engagement will also be key in the new strategy.

6.3 Recommendations

On the basis of the findings, the following specific recommendations are made:

6.2.1 ECSA-HC Strategic Identity and Niche

- ECSA-HC needs to review its niche, identity and strategic positioning in relation to other regional and international agencies working in the health sector.

6.2.2 ECSA-HC Visibility at the Country Level

- The Secretariat should ensure that the member states understand their role in the region.
- There is need to create a mechanism to ensure continuous and institutionalized communication between ECSA-HC and the country coordinating mechanisms/focal persons/points at the country level.
- There is need for increased advocacy to raise awareness of ECSA-HC and its activities.
- The new Strategic Plan should be launched in each country with pomp to raise awareness and for wider dissemination to all of the key stakeholders and institutions.

6.2.3 ECSA-HC's Responsiveness to Health Needs of Member States

- There is need to create and maintain a regional health database and a surveillance/observatory system connected to the country systems.
- There is need for ECSA-HC to hold routine regional review meetings on the state of health in the region.
- ECSA-HC needs to develop a checklist of health priorities by country and monitor the changes in these priorities.

6.2.4 ECSA-HC Programme Strategy and Design

- ECSA-HC needs to re-interpret its mandate in order to develop a programme strategy that will allow flexibility and innovation in response to the diversity of regional and country specific health problems and challenges.
- The organisation should adopt a programme development and implementation process that fosters common ownership of programmes by member states.
- There is need for a clear, shared programme structure at national and regional levels that is sensitive to the needs and issues at every level as they exist and as they emerge.
- There is need to clearly define and disseminate ESCA's programme approach especially in relation to its facilitation and implementation functions vis-à-vis the role of member states and allied institutions.
- The new Strategic Plan programme strategy may need to be thematic rather than subject-specific, as was the case with the past two Strategic Plans.
- To maximize its evident comparative advantages, ECSA-HC needs to carefully review, reorganize and refocus its current programme task structure in order to ensure maximum responsiveness and relevance to the member states' health priorities and needs.

6.2.5 ECSA-HC Planning Approach

- There is need for ECSA-HC to consider adopting a bottom-up approach to planning, where the planning process begins with the member states and ends with the formulation of a *regional corporate plan* that would include and reflect the priorities identified by the respective member states and other regional bodies to which the member states belong. This is what will give the member states the reason to be associated with ECSA-HC and to support the Secretariat activities beyond their statutory obligations; and the space to be proactive and motivated enough to engage in the entire ECSA-HC programme cycle.
- There is need for ECSA-HC to jointly plan with the country MOH technical teams.
- There should be Country Operational Plans (COPs) linked to the Regional Corporate Strategic Plan and based on clearly defined implementation structure and M&E mechanisms.
- ECSA-HC should develop well-defined targets for the region and generic activities to achieve these targets with implementation responsibilities clearly defined.
- ECSA-HC should produce a calendar of activities and a workplan that is circulated widely to member states.
- There is need for more technical staff participation at the country level in the development of ECSA-HC's plans and the need to create linkages with the COPs.
- There is a need to make the ECSA-HC strategic and operational plans known to middle level technical staff at the country level.

6.2.6 Coordination and Implementation of ECSA-HC's Activities at the Country Level

- Every Member State should have a structured country coordinating mechanism to ensure effective coordination, communication and to provide essential Secretariat support for ECSA-HC activities in member states. Establishing a strong country coordinating mechanism may not only turn out to be cheaper, but also add value by increasing the ECSA-HC presence felt in member states beyond the Ministries' of Health headquarters. The coordinating mechanism may consist of no more than a country coordinator supported by an administrative assistant. If established, the country coordinating mechanism should among other things:
 - Coordinate and liaise with the regional secretariat
 - Participate in country functions and activities
 - Prepare country programmes and budgets
 - Present suggestions on appropriate country programmes to ECSA-HC
 - Share ideas and experiences with the other stakeholders within the country
 - Organize fundraising activities at the country level
- ECSA-HC needs to negotiate with member states to "host" or provide support for basic and essential facilities, office space and personnel (i.e. a Focal Point Coordinator).
- There is need for ECSA-HC to enter into working agreements/MOUs with member states and other institutions (e.g. WHO, EAC, SADC and NEPAD) in defined areas of engagement.
- There is need to review and strengthen the role of the existing country mechanisms (e.g. IFPs, Programme Focal persons, Country Core Groups etc.) with a view to create one common focal mechanism operating on the basis of COPs.
- There is need to establish funding mechanisms to support country-based activities on the basis of COPs.
- There should be a set of guidelines on terms and procedures for delegation of the implementation function to the member states.
- There is need to create a regional database of experts.
- There is need to improve the function of the IFPs – they should have clearly defined terms of reference that include information exchange between the secretariat and the country, and vice versa.
- ECSA-HC should explore the possibility of linking up with WHO which regularly obtains country data
- There is need to establish a technical support/consultancy unit to support countries and agencies on a demand basis

6.2.7 Human Resources at The Secretariat

- In an effort to improve human resources management, ECSA-HC needs to institutionalize a staff performance appraisal system and staff development policies. The appraisal process should assist in identifying areas of capacity building and act as a feedback system on their performance.

6.2.8 Financial Management

- ECSA-HC may need to review and revise its financial policies and procedures to take into account the country level financial management needs.

6.2.9 Institutional development and financial sustainability

- There is need to develop a corporate institutional development strategy with the aim of linking all the member countries' initiatives and strategies.
- There is need to develop in a participatory manner (from the country to regional levels), a corporate Strategic Plan, with clear articulation of the immediate-, medium- and long-term institutional development and programme strategies and activities. This would perhaps provide the basis for ECSA-HC's strategic re-structuring and re-organisation towards institutional sustainability.
- ECSA-HC needs to come up with a financial sustainability strategy. A taskforce should be organized to explore different options for ensuring financial sustainability including: establishment of an endowment fund; low risk investment options; income generating activities; transforming ECSA-HC into a technical resource and service organisation; long-term institutional funding; and development of innovative programmes etc.
- There is need for ECSA-HC to develop a broad-based and multi-level resource mobilization and fundraising strategy to finance the new Strategic Plan. It should take into account international, regional, country-level and internal opportunities.
- There is need to maximize the use of human resource and expert capital within the organisation and member states
- There is need for an effective marketing strategy for ECSA-HC.

6.2.10 ECSA-HC's Monitoring and Evaluation Systems

- There is need to establish an institution-wide M&E system and framework with well-defined multi-level indicators to enable the assessment of the impact of ECSA-HC programmes and institutional activities, especially at the country level.
- ECSA-HC should have an M & E unit and hire an M & E Officer that can work with countries to develop common indicators and conduct follow-up.
- There is need for ECSA-HC to develop clear reporting tools and establish mechanisms for continuous feedback and reporting.

APPENDICES

APPENDIX 1: QUESTIONNAIRE FOR THE FINAL EVALUATION OF ECSA-HC'S STRATEGIC PLAN 2004 - 2007

This is a tool for collecting data as part of the evaluation process of the Three-year Strategic Plan (2004 – 2007) of the ECSA Health Community.

The main purpose is to capture ECSA-HC's programme achievements, the strengths and weaknesses of the Strategic Plan (2004 – 2007), and your role in its implementation.

We also hope to get from you, any suggestions or ideas on how ECSA-HC should proceed as it develops and implements its next Strategic Plan over the next five years.

We thank you for your time in answering these questions and we look forward to continuing working with you to improve the health status of the East, Central and Southern African region.

The ECSA-HC Information Focal Person in each ECSA-HC member country is responsible for the completion of this questionnaire. However, we suggest that a team of Ministry of Health professionals, who are familiar with ECSA-HC's activities, work together with the Information Focal Person in completing this questionnaire.

Upon completion of this questionnaire, please submit it via email and hard copy to:

Email: admin@ECSA-HC.or.tz

By Mail:

Administration Manager
ECSA-HC Health Community
Plot 157, Oloirien, Njiro Road
P.O.BOX 1009
ARUSHA,
United Republic of Tanzania

Country:

Name/Title of ECSA-HC Information Focal Person:

Name/Title of Response Team Members:

General Comments on the Strategic Plan 2004 – 2007

Country Background: Health Problems and Priorities

1. What are the main health problems in your country?
2. Does your country have a health Strategic Plan? What period does it cover (ask for document)
3. What are the key priority areas in this plan?
4. Are there any new or emerging priorities? Please explain.
5. In addressing these priorities what support would you expect or require of ECSA-HC?

ECSA-HC's Strategic Responses

6. Do you have a copy of the ECSA-HC Strategic Plan?
7. How knowledgeable of the content of ECSA-HC's Strategic Plan 2004 – 2007 is the Ministry of Health staff in your country?
 - Very knowledgeable
 - Somewhat knowledgeable
 - Not knowledgeablePlease explain your answer.
8. Would you consider the ECSA-HC Strategic Plan complimentary to your country health Strategic Plan? Please explain your answer.
9. To what extent has ECSA-HC responded to your country health problems and priorities?

ECSA-HC Strategic Plan: Successes, Achievements and Challenges

10. Can you tell us briefly about the successes, achievements and challenges in the implementation of the following strategies in your country and the region?
 - Partnerships and alliance building with stakeholders?
 - Facilitating research activities?
 - Strengthening skills of health care workers?
 - Monitoring and evaluation of health policies and programmes?
 - Documentation and dissemination of best practices and lessons learned and to promote effective sharing of health information.
 - Strengthening capacity of ECSA-HC Secretariat and member states?
 - Facilitating harmonization of health policies and programmes including training, registration and accreditation?

11. To what extent have the following ECSA-HC priority programmes been relevant to your country health needs:
 - Family and Reproductive Health
 - Food and Nutrition
 - Health Systems Development
 - HIV and AIDS
 - Human Resource Development and Capacity Building
 - Information, Communication and Dissemination
 - Institutional Strengthening
12. To what extent, do you think ECSA-HC has achieved its stated vision, mission, and goals through the implementation of the Strategic Plan?
13. What were the main challenges in the implementation of the Strategic Plan?

Roles and Responsibilities of Stakeholders in Strategic Plan Implementation

14. What do you consider as the role of the Member State/Programme Focal Persons/Country Core Group in the implementation of the ECSA-HC Strategic Plan?
15. How do you ensure that the sub-national stake-holders participate in ECSA-HC's activities?
16. How can the role of the ECSA-HC's Information Focal Person be reinforced or improved in your country?

ECSA-HC's Niche and Visibility

17. What do you consider as ECSA-HC's niche and comparative advantage as a regional organisation?
18. How can ECSA-HC be made more visible:
 - At country level?
 - Regional level?
 - International level?

Financing of the Strategic Plan

19. Is your country financial contribution to ECSA-HC included as a line item in your Ministerial budget?
20. Do you think that the current financial contributions by member states are adequate to meet the operational and programmatic needs of ECSA-HC? Please explain the answer?
21. In what ways has funding from member states and donors affected the implementation of the Strategic Plan?

New Strategic Directions

22. What priority areas would you suggest for ECSA-HC to focus on in the next five years?
23. What role do you see ECSA-HC playing in the region in relation to other regional and international organisations? (E.g. SADC, EAC, IGAD, AU, NEPAD, WHO etc.)
24. What recommendations would you make to
 - Maximize ECSA-HC's impact at country and regional Level
 - Increase ECSA-HC's responsiveness to the health needs of the member states
 - Strengthen coordination of ECSA-HC's activities at the country level
 - Strengthen Strategic Plan and programme implementation at country level
 - Ensure financial sustainability of ECSA-HC as an inter-governmental organisation
 - Support and strengthen ECSA-HC in M&E of the Strategic Plan and programme activities
 - Strengthen capacity at ECSA-HC for effective implementation of the Strategic Plan
 - Improve the flow and management of information and data between ECSA-HC Secretariat and the member states and vice versa.

LIST OF INTERVIEWEES

ECSA Staff Interviewed		
	Name	Position
1.	Dr. Steven Shongwe	Executive Secretary
2.	Mr. Allie Kibwika-Muyinda	Administrative Manager
3.	Dr. Mark Bura	Coordinator Health System
4.	Dr. Mofota G. Shomari	Coordinator food and Nutrition
5.	Dr. Melkizedeki S. Kimaro	Coordinator Family and Reproductive Health
6.	Mr. Owen Phiri	Finance manager
7.	Mr. James Watiti	Information Communication Dissemination Specialist
8.	Ms. Lilian Mwangi	Programme Officer Food and Nutrition
9.	Mr. Adam Msilaji	Information Communication Dissemination Officer
10.	Ms. Antonite Chisala	Programme Assistant COSECA

List of Respondents by Country

Tanzania		
	Name and Position	Organisation
1.	Dr. Peter Mmbuje Head Epidemiology and Disease Control	Ministry of Health and Social Welfare, Dar es Salaam
2.	Mr. Richard L. Mkumbo Health Economist	Ministry of Health and Social Welfare, Dar es Salaam
3.	Dr. Bennet Fimbo Head of I.E.C. Unit	National AIDS Control Programme, Ministry of Health and Social Welfare, Dar es Salaam
4.	Dr. Edwin Patrick Mungóngó Assistant Director – Voluntary and Private Health Services	Ministry of Health and Social Welfare, Dar es Salaam
5.	Dr. Catherine B. Sanga Assistant Director, Reproductive and Child Health	Ministry of Health and Social Welfare, Dar es Salaam
6.	Dr. Gilbert R. Milga Director, Human Resources Development	Ministry of Health and Social Welfare, Dar es Salaam
7.	Dr. Alex M. Mwita Programme Manager	National Malaria Control Programme, Ministry of Health and Social Welfare, Dar es Salaam
8.	Mr. Nsachris B, Mwamwaja Communications Officer	Ministry of Health and Social Welfare, Dar es Salaam
9.	Dr. A. R. Senkoro Acting Director of Hospital Services	Ministry of Health and Social Welfare, Dar es Salaam
10.	Mr. Wilson Mukama Permanent Secretary	Ministry of Health and Social Welfare, Dar es Salaam
11.	Dr. Deo M. Mtasiw Chief Medical Office	Ministry of Health and Social Welfare, Dar es Salaam
12.	Dr. Mohamed Belhocine WHO Representative	World Health Organisation Dar es Salaam
13.	Dr. Felicite Tchibindat Project Officer – Nutrition	UNICEF Dar es Salaam
14.	Ms. Bertha Mlay Project Officer – Nutrition	UNICEF Dar es Salaam
15.	Dr. Yahya Ipunge Country Director	Clinton Foundation, Dar es Salaam

Tanzania		
16	Prof. Lawrence M -. Museru Executive Director	Muhimbili Orthopaedic Institute Dar es Salaam
17.	Dr. Godwin D. Ndossi	Managing Director Tanzania Food and Nutrition Centre

Mauritius		
	Name and Position	Organisation
1.	Dr. Jaypaul Principal Medical Officer	Ministry of Health and Quality of Life Port Louis
2.	Dr. J Sunkur Principal Demographer	Ministry of Health and Quality of Life Port Louis
3.	Dr. Tilochun Ram Nundall Regional Public Health Superintendent Communicable Disease Control Unit	Ministry of Health and Quality of Life Port Louis
4.	Mr. Y. Ramful Principal Health Economist	Ministry of Health and Quality of Life Port Louis
5.	Dr. Ahmed Sauntally Officer-in-Charge HIV/AIDS Unit	Ministry of Health and Quality of Life Port Louis
6.	Mr. Idrasen Mahadoo Project Coordinator (HIV/AIDS)	Ministry of Health and Quality of Life Port Louis
7.	Mrs. Shashee Joganah Chief Nutritionist	Ministry of Health and Quality of Life Port Louis
8.	Mr. Nasser Jeeanody Chief Health Statistician	Ministry of Health and Quality of Life Port Louis
9.	Mrs. Solange Jean Louis Ag. Deputy Chief Nursing Officer	Ministry of Health and Quality of Life Port Louis
10.	Mr. Sooneeraz Manohur Medical Records Organizer	Ministry of Health and Quality of Life Port Louis
11.	Dr. Neerunjun Gopee Chief Medical Officer	Ministry of Health and Quality of Life Port Louis
12.	Mrs. R. Veerapen Senior Chief Executive	Ministry of Health and Quality of Life Port Louis
13.	Dr. K. Pauvaday Principal Medical Officer	Ministry of Health and Quality of Life Port Louis

Kenya		
	Name and Position	Organisation
1.	Dr. Mukabi K. James Assistant Director of Medical Services	Ministry of Health Nairobi
2.	Dr. Ahmed E.O. Ogwel Head, International Health Relations	Ministry of Health Nairobi
3.	Blanche K.M. Tumbo Deputy Chief Public Health Officer	Ministry of Health Nairobi
4.	Dr. J.K. Sitienei Head National Leprosy and TB Control Programme	Ministry of Health Nairobi
	Dr. Ombeka V. Bw'otieno Deputy Head National T.B. and Leprosy Programme	Ministry of Health Nairobi
5.	Dr. S. K. Sharif Senior Deputy Director of Medical Services	Ministry of Health Nairobi
6.	Dr. Migiro P.S.. Division of Child Health	Ministry of Health Nairobi
7.	Dr. Harrison Klambati	Ministry of Health

Kenya		
	Name and Position	Organisation
	Assistant Head of Curative and Rehabilitative Health	Nairobi
8.	Dr. Frances M. Kimani Senior Deputy Director of Medical Services and Head of Curative and Rehabilitation Services	Ministry of Health Nairobi
9.	Dr. Robert K. Ayisi Deputy Director of Medical Services	Ministry of Health Nairobi
10.	Dr. Teniin Gakuruh Deputy Director of Medical Services Head: Health Sector Reform Secretariat	Ministry of Health Nairobi
11.	Dr. Willis Akhwale Head, Division of Malaria Control	Ministry of Health Nairobi
12.	Dr. Josephine Kibaru Head, Division of Reproductive Health	Ministry of Health Nairobi
13.	Ms. Jacqui Muka Director	Centre for African Family Studies Nairobi
14..	Dr. Aloys Ilinigumugabo Deputy Director and Head , Technical Department	Centre for African Family Studies Nairobi
15..	Ms. Rosalind Kirika Senior Programme Associate – RLI/RPM/REDSO	Management Sciences for Health Nairobi
16.	Dr. Rumishael Shoo Regional Health Advisor	United Nations Children’s Fund Eastern and Southern Africa Regional Office, Nairobi
17..	Professor Pankaj G. Jani Consultant Gastroenterology Surgeon/Endoscopist	Department of Surgery, University of Nairobi
18.	Moses N. Mukana Health Services Planning Specialist Regional Health and HIV/AIDS Programmes	USAID East Africa Regional Mission
19.	Victor Masbayi Deputy Director, Regional Health and HIV/AIDS	USAID East Africa Regional Mission

Zimbabwe		
	Name and Position	Organisation
1.	Hon. Dr. P.D. Parirenyatwa, Minister of Health and Child Welfare	Ministry of Health and Child Welfare
2.	Dr. E. Muguti Deputy Minister of Health and Child Welfare	Ministry of Health and Child Welfare
3.	Dr. E.T. Mabiza Permanent Secretary	Ministry of Health and Child Welfare
4.	Dr. Davies Dhlakama Director of Technical Services (PM & E)	Ministry of Health and Child Welfare
5.	Mavis Sibanda Director of Finance	Ministry of Trade
6.	Mrs. Rufaro Madzima Director Nutrition	Ministry of Health and Child Welfare
7.	Nyasha Grace Mushonga Nutrition Consultant (Emergency Nutrition)	Ministry of Health and Child Welfare
8.	Delilah Takawira Nutrition Consultant – CBNCP	Ministry of Health and Child Welfare

9.	Monicah Muti Infant feeding Coordinator	Ministry of Health and Child Welfare
10.	Ms. Margaret Nyandoro Family & Reproductive Health	Ministry of Health and Child Welfare
11.	Dr. Portia Manangazira Malaria Coordinator	Ministry of Health and Child Welfare
12.	Ms. Mudiyara Director Human Resources for Health	Ministry of Health and Child Welfare
13.	Mr. S. Chihanga Deputy Director Policy & Planning	Ministry of Health and Child Welfare
14.	Dr. Stanley Mungofa Director Harare City Health	Harare City Council, Health Department
15.	Mrs. Nukutula Mujuru Head NCD Department	Ministry of Health and Child Welfare
16.	Mr. S. Makarawo Director of Clinical Services	Ministry of Health and Child Welfare
17.	Mr. Tapfumaneyi, Principal Director, Curative Services	Ministry of Health and Child Welfare
18.	Prof. Chidzonga, University of Zimbabwe: Dean College of Health Sciences	University of Zimbabwe College of Health Sciences
19.	Mr. C.A. Samkange Secretary General COSECSA	College of Health Sciences and COSECSA
20.	Mr. Samwel Tsoka Health Education and Promotion	Ministry of Health and Child Welfare
21.	Mr. Phillip Dzira Health Information System/Surveillance	Ministry of Health and Child Welfare
22.	Dr. Mhlanga Principal Director Preventive Services	Ministry of Health and Child Welfare
23.	Dr. Owen Mugurungi HIV/AIDS/T.B Programme	Ministry of Health and Child Welfare
24.	Mr. Mabandi Director of Finance	Ministry of Health and Child Welfare
25.	Regina Kanyemba Principal Tutor Parirenyetwa School of Nursing	Ministry of Health and Child Welfare
26.	Mr. Richard Mkahamadzi Chief Account, Revenue	Ministry of Health and Child Welfare
27.	Mr. Edward Mutyambizi Chief Account, Expenditure	Ministry of Health and Child Welfare
28.	Chipo Muronda Minister of Health's Personal Assistant	Ministry of Health and Child Welfare
29.	Dr. Elizabeth Mbizvo National PMTCT Coordinator	Ministry of Health and Child Welfare

Kingdom of Swaziland		
	Name and Position	Organisation
1.	Hon. Njabulo Mabuza Minister of Health and Child Welfare	Ministry of Health and Child Welfare
2.	Ms. Nomathemba Dlamini Principal Secretary, and Chairperson ECSA Advisory Committee	Ministry of Health and Child Welfare and ECSA Advisory Committee
3.	Muntu Mntungwa Under Secretary, Administration	Ministry of Health and Child Welfare
4.	Sikelele Dlamini Under Secretary Technical Services	Ministry of Health and Child Welfare
5.	Khosi Mthethwa Health Systems Specialist	WHO
6.	Beatrice Dlamini SNAP Programme Manager	Ministry of Health and Child Welfare
7.	Themba Dlamini TB Programme Manager	Ministry of Health and Child Welfare
8.	Thoko Maseko Hospital Manager Mbabane Government Hospital	Mbabane Govt. Hospital
9.	Dr. Makhosazana Dlamini Senior Medical Officer	Mbabane Govt. Hospital
10.	Thoko Dlamini Matron	Mbabane Govt. Hospital
11.	Happy Tsabedze Hospital Administrator	Mbabane Govt. Hospital
12.	Thabsile Dlamini President	Swaziland Nurses Association
13.	Africa Magongo Head, Health Promotion	Ministry of Health and Child Welfare
14.	Danisile Vilakati Nutrition Programme Manager	Nutrition Council, Ministry of Health and Child Welfare
15.	Simon Kunene Malaria Programme Manager	Ministry of Health and Child Welfare
16.	Dr. Winnie Nhlengetwha Principal, Nazarene College of Nursing	Nazarene College of Nursing
17.	Masitsela Mhlanga Emergency Preparedness Programme	Ministry of Health and Child Welfare
18.	Zanela Bhembe Health Information System	Ministry of Health and Child Welfare
19.	Glory Msibi Registrar, Nursing Council	Nursing Council
20.	Dr. Derick Von Vessel Nercha Director	Nercha
21.	Memeory Mhlanga Senior Accountant	Ministry of Health and Child Welfare
22.	Henry Dlamini Principal Human Resource Officer	Ministry of Health and Child Welfare
23.	Dr. Cesphine Mabuza Director Health Services	Ministry of Health and Child Welfare
24.	Eric Maziya Director Social Welfare	Ministry of Health and Child Welfare
25.	Phumzile Mabuza SRH-Programme Manager	Ministry of Health and Child Welfare

26.	Dr. I.T. Zwane Dean Faculty of Health Sciences	University of Swaziland
27.	Lindiwe Tsabedze Head NCD	Ministry of Health and Child Welfare
28.	Sibusiso Sibandze Health Planner	Ministry of Health and Child Welfare
29.	Gladys Themasile Khumalo Chief Nursing Officer	Ministry of Health and Child Welfare

Botswana – SADC Headquarters	
Name and Position	Organisation
Mr. Joseph Mthetwa Programme manager for Health (Pharmaceuticals)	SADC – Social an Human Development and Special Programmes Directorate
Ms Lebogang Lebese, Technical advisor Health (RH/Communicable Diseases)	SADC – Social an Human Development and Special Programmes Directorate
Mr. Antony Kahimbi, HIV/AIDS Unit	SADC – Social an Human Development and Special Programmes Directorate

Documents Consulted

ECSA, 2006, Report of programme review and planning workshop: 13-17th March 2006, Kunduchi Beach Hotel and Resort, Dar es Salaam

ECSA, 2006, Framework for monitoring the implementation of the resolutions of ECSA Health Ministers' Conferences, Arusha, Tanzania

ECSA, 2007, Annual workplans 2007-2008, Arusha, Tanzania

ECSA, 2004, ECSA Three-Year Strategic Plan (2004-2007), Arusha, Tanzania

ECSA, 2006, Performance Report for the Period 1 July 2005 to 21 June 2006

ECSA, 2007, ECSA Health community: Progress, Achievements, and Challenges

ECSA, 2007, Performance Report for the Period 1 July 2006 to February 2007

References

UNAIDS, 2006, Report on the Global AIDS Epidemic, Geneva, Switzerland

