



# East Central and Southern Africa Health Community (ECSCA-HC)



## ARC East, Central and Southern Africa Summative Congress

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**Walter D. Odoch**

*Manager, Health Systems & Capacity Development cluster*



# Presentation Outline

1. A Brief History of ECSCA-HC
2. Mission & Mandate
3. ECSCA Governing Structures
4. Technical Program Areas
5. Recent resolutions



# Brief History of ECSCA - HC

- **Inter-governmental organisation**
- **Est. 1974 as permanent mechanism to foster and strengthen regional cooperation and capacity to address the health needs of member states**
- **Nine Member States: Kenya, Lesotho, Malawi, Mauritius, Swaziland, Uganda, Tanzania, Zambia, Zimbabwe**



# Brief History ECSCA - HC

**Now:** Vibrant regional platform for member states

**2001:** Renamed "ECSCA Health Community"

**1990s:** Consolidation and Strategic Approach

**1980:** Autonomous Member States Organization

**1974:** Est. under Commonwealth Secretariat:  
**Commonwealth Regional Health Community for ECSCA**



## **ECSCA-HC Mission**

**Promoting the highest standards of Health for the individuals, families and communities through advocacy, capacity building, brokerage, coordination, inter-sectoral collaboration and harmonization of health policies and programmes.**

## **ECSCA-HC mandate**

**To promote and encourage efficiency and relevance in the provision of health services in the region**



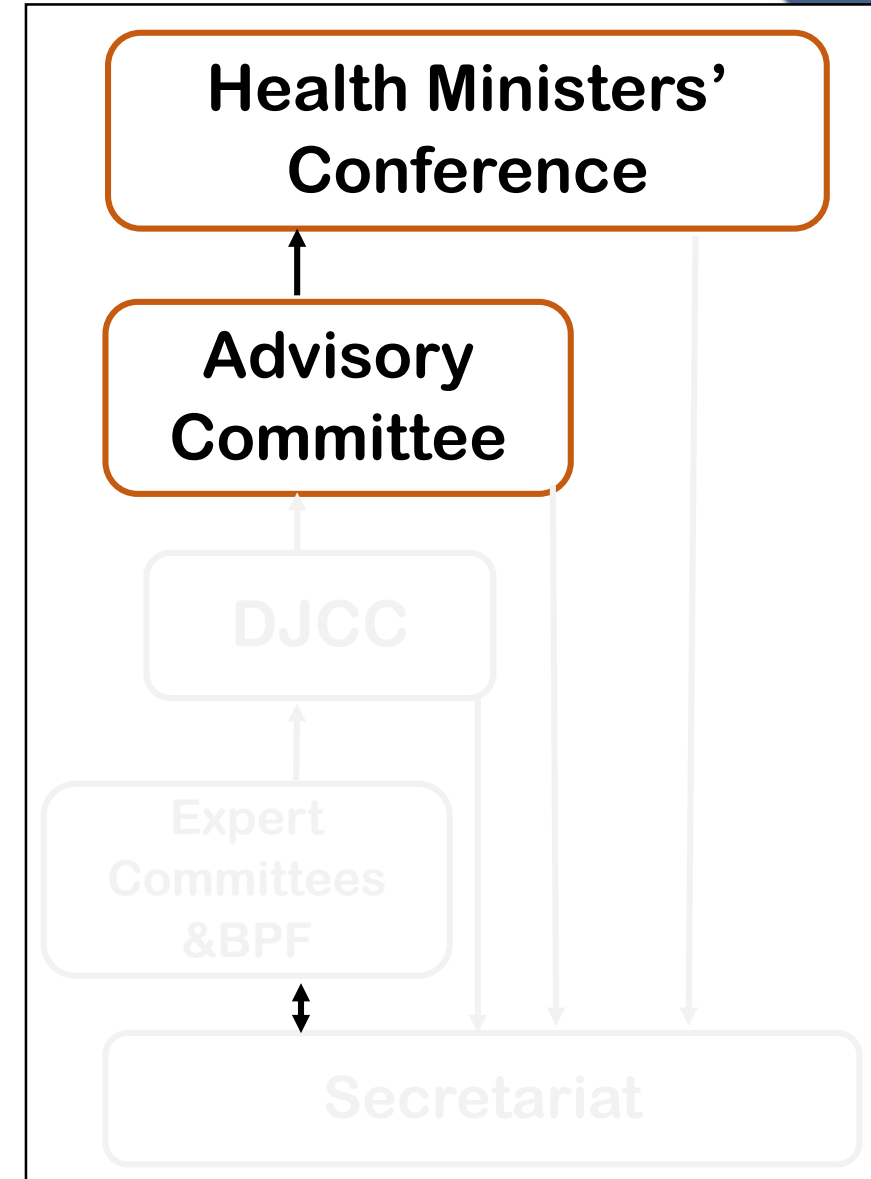
# Governance Structure of ECSCA - HC

- ***ECSCA Health Ministers' Conference (HMC)***

Highest governing body. Reviews policy matters, national health strategies and defines regional health priorities.

- ***The Advisory Committee (AC)***

Composed of Permanent Secretaries of the Ministries of Health of Member States; functions as the Board of Management of the Secretariat







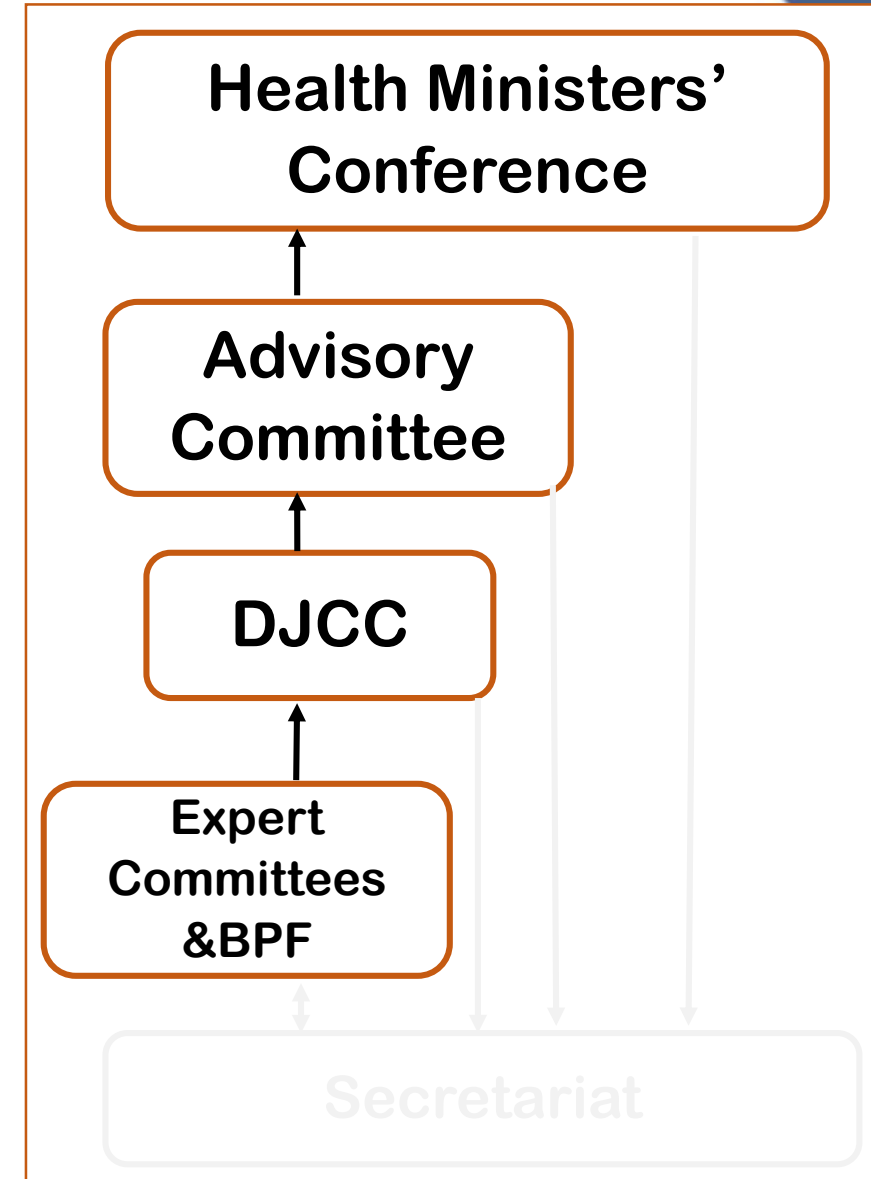
# Governance Structure of ECSA - HC

- ***The Directors' Joint Consultative Committee (DJCC)***

Highest technical committee composed of Directors of Health Services, Deans of Medical Schools and health research institutions.

- ***Programme Experts' Committees***

Draw on expertise from member states programme managers, external advisors, professional associates and consultants from the region

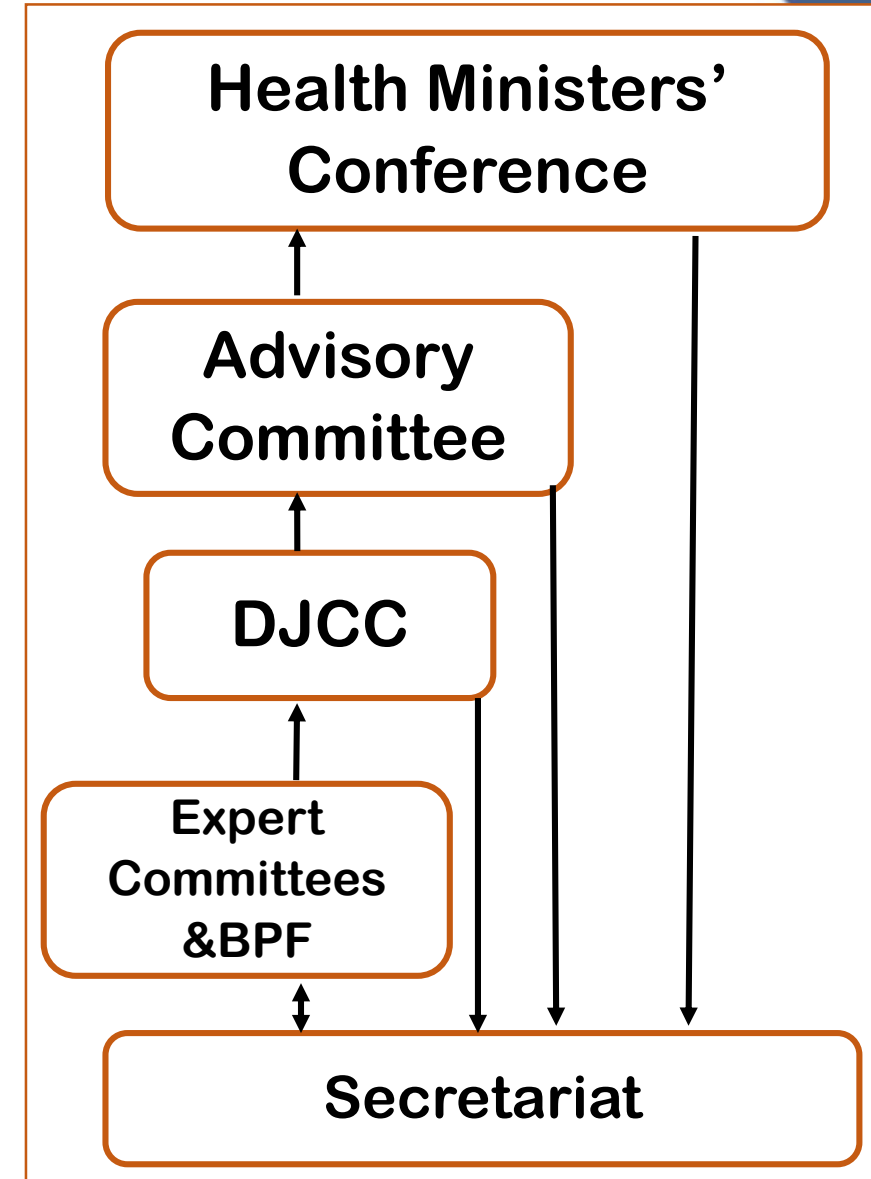




# Governance Structure of ECSCA - HC

- ***The ECSCA Secretariat***

Headed by the Director-General and located in Arusha, United Republic of Tanzania. Responsible for implementation of the ECSCA-HC's programmes.







# Technical programs and ECSCA Colleges

- Family Health & infectious Diseases (FH&ID)
- Non-communicable Diseases, Food Security and Nutrition (NFSN)
- Knowledge Management, Monitoring & Evaluation (KMME)
- Health Systems Strengthening and Capacity Building (HSCB)
  - ECSCA College of Health Science (ECSCA CHS); a college without walls



# ECSA professional Colleges under CHS

- East, Central and Southern African College of Nursing (ECSACON)
- College of Surgeons of East, Central and Southern Africa (COSECSA)
- College of Pathologists of East, Central & Southern Africa Health Community (COPECSA)
- College of Anesthesiologists of East, Central & Southern Africa Health Community (CANECSA)
- East, Central and Southern African College of Physicians (ECSACOP)
- College of Ophthalmology of East, Central and Southern Africa (COECSA)



## ECSCA-HC mandate

To promote and encourage efficiency and relevance in the provision of health services in the region

In order to fulfill its mandate ECSCA-HC Secretariat perform tasks such as:-

- **Human Resources for Health capacity development**
- **Policy Analysis, Development and Advocacy**
- **Harmonization of Policies and Guidelines**
- **Provision of Technical Assistance**
- **Research and M&E**
- **Partnership and Networking**
- **Health Systems Strengthening**

### Means

- Regional Platform
- Capacity Development:
- Knowledge Management



# Process of Developing ECSCA-HC Health Ministerial Resolution

## Salient Issues about the ECSCA-HC HMC resolutions

- The Issue is a concern of the Member States
- Non Binding but can be a powerful tool for advocacy and resource mobilization
- Broadly stated
- Countries urged to undertake certain steps/initiatives
- Secretariat directed



# Relevant Past ECSCA Health Ministerial Resolution

## ***1997/HMC Resolution 2: Nursing/Midwifery and Allied Health Professions:***

4....Recognizing that nurse midwives in most countries of the region have limited opportunities to occupy high level policy making positions within the health sector which traditionally have been the preserve of medical professionals, the health Ministers resolved that leadership training and equal opportunities be provided to nurses and other cadres so as to enable them to compete for those positions and that they be adequately and strategically prepared for such positions which are critical to management and leadership in the health sector and beyond.



# Relevant Past ECSCA Health Ministerial Resolution

## ***2009 ECSCA/HMC48/R2:Enhancing Systems-Based Strategies and Solutions to Strengthen Human Resources for Health***

3. Initiate a consultative and participatory process to facilitate buy-in by various stakeholders, including chief nursing officers, regulatory councils and other professional associations on issues of task shifting, by December 2010





# Relevant Past ECSCA Health Ministerial Resolution

## *2010 ECSCA/HMC/R5: Human Resources for Health Leadership and Management for Quality Health Services*

Recognizing the great need for leadership and management skills among cadres such as the nurses and midwives, who are often the only health professionals especially at the lower levels of the health system

4. Strengthen nursing and midwifery training, regulation, service delivery and leadership and management skills to ensure quality health care, especially at the lower levels of the health system; **MS**
2. Support countries in conducting continuing leadership and management courses for quality health care programmes, and facilitate the extension of such leadership and management courses to nurses and midwives at lower levels of the health system; **Secretariat**



# Recent Recommendations from 10th BPF for Consideration by the next HMC

- Invest in Good Governance and Leadership in Health Sector, taking into consideration the SDGs commitments
- Strengthening horizontal integration of disease specific programs such as integrating HIV/NCD and Mental Health
- Support and promote the professional development and training of HRH for lab.
- Strengthening networking of laboratories in the region to facilitate cross learning and knowledge sharing
- Strengthen health systems in order to advance respectful maternity care in line with WHO framework for the quality of maternal and newborn health care



## 5th FORUM OF THE AFRICAN PLATFORM ON HRH

The Forum laid emphasis on the importance of leadership and governance of the health sector at all levels, and reiterated the need for deliberate efforts to strengthen HRH leadership within the continent needed to better negotiate for more investments in the health workforce through multisectoral approaches.

The Forum received and endorsed a proposal from the All Party Parliamentary Committee of the UK Parliament on the proposed campaign named “**Nursing Now – a global campaign on nursing**” that proposes to raise the profile of Nursing raised globally so that Nurses will be able to use their skills, education and training to their full capacity and that women will be empowered with more opportunities for employment and influence. Further, local economies will be developed through employment within health services and associated fields.



## 5th FORUM OF THE AFRICAN PLATFORM ON HRH

**Investing in people is critical to human development, Africa needs to invest in home grown solutions, ensuring that more resources are mobilized: the future is in our own hands, and we shall leave no one behind.**