

LMG/West Africa: Program year 2, Quarter 2 Progress report January – March 2015

April 30, 2015

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number AID-OAA-A-11-00015. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Leadership, Management and Governance (LMG), West Africa
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
www.msh.org



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**
Inspired Leadership. Sound Management. Transparent Governance.

Leadership, Management and Governance Project in West Africa

Implementing Partner: Management Sciences for Health

Agreement/Contract No: AID-OAA-A-11-00015



Program Year II, Quarter II Progress Report

January 1, 2015 – March 31, 2015

Submitted to **USAID/West Africa** on April 30, 2015

This publication was produced by Management Sciences for Health (MSH) for review by the United States Agency for International Development (USAID).

Table of Contents

PROJECT ACTIVITY SUMMARY FORM	3
ACRONYMS	4
I. SUMMARY	5
II. PROJECT ACTIVITIES.....	6
Table 1: Summary of achievements in the reporting period by project objective and output..	6
Table 2: Management priorities addressed during this reporting period	17
III. CHALLENGES AND PLANNING FOR SUCCESS	17
VI. PROJECT ACTIVITIES IN THE NEXT QUARTER.....	18
V. FINANCIAL BRIEF.....	20
VI. ANNEXES	21
Annex I: Quarterly Travel Plan	21
Annex II: Quarterly Workplan and Implementation Table	21
Annex III: Performance Monitoring Plan.....	21
Annex IV: Short-term technical assistance trip report.....	21
Annex V: LDP+ Work Climate Team Work Climate Questionnaire	21
Annex VI: FBPS Planning Workshop Trip Report.....	21
Annex VII: FBPS Planning Roadmap	21
Annex VIII: WAHO Senior Director Governance Development Plan.....	21
Annex IX: Finalized Communications and Advocacy Plans	21
Annex X: Assembly of Health Ministers Trip Report.....	21

Cover Photo: WAHO Directors select governance interventions at the Governance Academy, held in Bobo Dioulasso from March 25-27, 2015.

PROJECT ACTIVITY SUMMARY FORM

Project Name: Leadership, Management and Governance Project in West Africa
Project Objectives: The two-year goal of the Leadership, Management and Governance Project in West Africa (LMG/West Africa) is to strengthen the organizational capacity of the West African Health Organization (WAHO) as a regional leader and health systems strengthening resource for member countries. LMG/West Africa achieves this goal through workplace action-oriented training for health leaders and managers in key system building blocks, and by developing the stewardship capacity of senior leaders through specialized training and mentoring, supported over the long term. LMG/West Africa has three main objectives towards this overall goal: Objective 1: Improved leadership, management, and governance practices Objective 2: Strengthened organizational M&E capacity and regional Health Information Systems (HIS) management and implementation oversight Objective 3: Strengthened capacity in internal and external communication and advocacy
Implementing Partner: Management Sciences for Health
Agreement/Contract No: AID-OAA-A-11-00015
Life of Project (start and end dates): October 1, 2013 – September 30, 2015
Reporting Period (start and end dates): January 1, 2015 – March 31, 2015
Report Submitted by: Abdoulaye Diagne, Senior Technical Advisor
Report Submission Date: April 30, 2015
The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

ACRONYMS

AHM	Annual Health Ministers' Meeting
CAPS	Capacity Strengthening Project
DG	Directeur Général
DGA	Directeur Général Adjoint
DLME	Département de la lutte contre la maladie et les Epidémies
DPAT	Direction de la Planification et l'Assistance Technique
DSSP	Division Soins de Santé Primaires
ECOWAS	Economic Community of West African States
FP	Family planning
FBPS	Good Practices Forum in Health
HR	Human resources
HIS	Health information system
LDP+	Leadership Development Program Plus
LMG	Leadership, Management and Governance Project
PO	Professional Officers (WAHO)
PMP	Performance Monitoring Plan
RH	Reproductive health
RHO	Regional Health Office (USAID)
USAID	United States Agency for International Development
WAHO	West African Health Organization
WA-LEAD	West Africa Leadership and Management Strengthening Program

I. SUMMARY

The two-year goal of the Leadership, Management and Governance in West Africa Project (LMG/West Africa) is to strengthen the organizational capacity of the West African Health Organization (WAHO) as a regional leader and health systems strengthening resource for member countries. LMG/West Africa achieves this goal through workplace action-oriented training for health leaders and managers in key health system building blocks, and by developing the stewardship capacity of senior leaders through specialized training with long-term mentoring. LMG/West Africa has three main objectives towards this overall goal:

Objective 1: Improved leadership, management, and governance practices

Objective 2: Strengthened organizational M&E capacity and regional health information system (HIS) management and implementation oversight

Objective 3: Strengthened capacity in internal and external communication and advocacy

LMG/West Africa is building the institutional capacity needed at WAHO to carry out regional health program stewardship in close collaboration with USAID/West Africa implementing partners and direct Mission investments in WAHO. The project's PY2 workplan, which USAID/West Africa approved on November 4, 2014, focuses on:

- support for the reorganization and organizational development of WAHO human resources;
- support to WAHO to operationalize its health information systems (HIS) policy;
- assistance for WAHO to implement the advocacy and communication strategy developed under the West Africa Leadership and Management Strengthening Program (WA-LEAD);
- aid to WAHO to develop regional strategies for reproductive health (RH), family planning (FP), and commodity security through coordination of the regional Good Practices in Health Forum; and
- support for WAHO to develop long-term private sector partnerships with regional stakeholders and mobilize resources to address priority health needs in the region.

During the January 1 to March 31, 2015, reporting period, the LMG/West Africa team coordinated with the WAHO General Directorate and developed an implementation plan for essential and priority activities both for the current and next quarters.

Last quarter, the USAID/West Africa Regional Health Office (RHO) requested LMG/West Africa to prepare a contingency plan to reduce project delays. To meet this request, LMG/West Africa proposed two medium-term technical assistance missions to more closely monitor project activities and accelerate implementation. The project's Principal Technical Advisor discussed this plan with the activity manager at the USAID/West Africa RHO, who agreed to the missions. The selected technical assistance provider carried out the first mission from December 3-20, 2014, and the second mission from January 2 to March 6, 2015. During each mission, the staff

member provided management and technical support to the LMG/West Africa Senior Technical Advisor and advanced key activities in the project’s workplan (see final trip report in Annex IV).

II. PROJECT ACTIVITIES

During this quarter, LMG/West Africa carried out the following key activities, detailed in Table 1:

- led coaching sessions with WAHO Leadership Development Program Plus (LDP+) improvement teams;
- launched an application process and selected five new WAHO State Focal Points to participate in a LDP+;
- held a planning workshop for the first annual Good Practices Forum in Health, in Bobo Dioulasso;
- hired the human resources consultant, to begin working in early April 2015;
- continued requesting governance profiles from remaining WAHO member states;
- hired two senior consultants to implement the regional HIS policy and strategy;
- assisted WAHO professional officer to revise and finalize the targets in the WAHO advocacy and communication plans; and
- held the Governance Academy for WAHO leaders on March 25 to 28, with 14 participants.

Table 1: Summary of achievements in the reporting period by project objective and output

Objective 1: Improved leadership, management, and governance practices	
Output 1.1: Leadership Development Programs focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges applied to targeted technical staff in WAHO and appropriate actions developed to address the needs of WAHO State Focal Points	
1.1.1	<p><i>Complete the implementation of the Leadership Development Program Plus (LDP+) for WAHO staff, aimed at improving their leadership, management, and governance skills for the effective management of their respective programs through a team-based performance improvement process</i></p> <p>During this quarter, the LMG/West Africa project held four coaching sessions with the work climate team to assist them to finalize and present a work climate questionnaire at the annual WAHO retreat on January 22, 2015. To develop the questionnaire, the team sought feedback from WAHO staff, reviewed the final list of questions with the head of human resources, and developed definitions for key terms in the questionnaire. WAHO senior leadership reviewed and approved the final questionnaire, and a representative from the work climate team and the LMG/West Africa Senior Technical Advisor presented it during the WAHO annual staff retreat, which was an important step to engage staff in the process.</p>

Following the retreat, based on feedback, the work climate team held an additional coaching session in late January to revise the questionnaire. The team leader sent the questionnaire to the two LDP+ coaches and the rest of the team for feedback. The team submitted the final version of the questionnaire for translation into English and Portuguese on March 10 (see Annex V).

Next quarter, the work climate team will administer the questionnaire, collect and analyze responses, present their findings to WAHO staff, and develop recommendations for WAHO management to address any weaknesses revealed in the questionnaire.

The team leader of the Ebola cross-border team was only available to meet once during the January-March period, and other team members are no longer actively engaged in the program as a result of their exclusion from WAHO's official Ebola response work. As a result, the project held one coaching session on January 19, 2015, with the Ebola cross-border team, to review their action plan with the team leader and provide feedback. The project recommended that the team leader work within existing WAHO structures to develop the cross-border plan, instead of creating a separate committee to move the LDP+ team's work forward. Several of the proposed activities in the action plan may require additional funding, but since none is currently available, the LMG/West Africa team encouraged the team leader to brainstorm additional strategies that would not depend on further financing. To help the team leader better integrate and collaborate with others working in Ebola response within WAHO, the project asked the DGA to include him in WAHO's internal Ebola committee. The team leader's engagement level remains low, so the LMG/West Africa senior technical advisor plans to meet with him to discuss the feasibility of achieving the desired result before the final results workshop, currently planned for June 2015. There is a strong possibility that this LDP team will merge with WAHO's *Maladie à Virus Ebola* committee, which was formed to address the same challenge as that identified by this LDP team (lack of cross-border joint response to the Ebola outbreak).

1.1.2 *Assist WAHO State Focal Points to identify and fulfill L+M+G needs*

To tailor the LDP+ to the needs of WAHO State Focal Points, LMG/West Africa moved forward with assessing each State Focal Point's individual challenges through one-on-one conversations. Initially the project reached out to State Focal Points via an email questionnaire to assess their needs, in December 2014; however, due to the low response rate, the project changed tactics. In January, the LMG/West Africa team launched an application process for the LDP+, by posting an announcement and application in English and French on

WAHO's website. The LMG/West Project also emailed the announcement directly to State Focal Points. This strategy created a formal process for selecting LDP+ participants and proved more effective than reaching out to Focal Points individually. The Focal Points from Bénin, Côte d'Ivoire, Guinea, and Liberia all submitted applications. The project further discussed the process with the DGA, and decided to invite the new Focal Points from Burkina Faso, Mali, Niger, Nigeria, and Togo--for nine total participants. As part of the application process, applicants were asked to identify their most pressing challenges, which revealed that common challenges include balancing daily work responsibilities with responsibilities as a focal point, communication with WAHO staff, lack of logistical support to complete activities, and lack of WAHO visibility in their respective countries. LMG/West Africa plans to assist the State Focal Points to address these challenges through the LDP+ process (see activity 1.1.3).

1.1.3 *Carry out an LDP+ for five selected State Focal Points in order to improve their leadership, management, and governance skills for the effective management of their respective programs through a group-based performance improvement process.*

The first LDP+ workshop with five State Focal Points will take place from April 1-3, 2015. A full description will be provided in the next quarterly report.

Output 1.2: WAHO staff trained in governance and leadership practices and approaches in order to support member state countries

1.2.1 *Provide technical support to WAHO staff to develop an organizational strategic plan through participatory working sessions*

WAHO's strategic planning process is expected to start after final selection of WAHO staff for the Internal Planning Committee, which was finalized at the end of March 2015. The committee has 11 members, including two counselors, one of whom is the LMG/West Africa Senior Technical Advisor. The committee is responsible for developing the final strategic plan.

The DG developed a concept note for the strategic plan that he shared with the internal planning committee. The concept note emphasized that the internal planning committee should ensure that the strategic plan includes activities aimed at improving governance. LMG/West Africa will support this process using the results-based framework developed for WAHO professional officers and directors responsible for planning.

1.2.2

Provide technical support to WAHO in initiating and maintaining knowledge sharing between member countries through the use of good practices from regional networks

The LMG/West Africa project provided technical and financial support to WAHO to hold a preparatory workshop for the Good Practices Forum in Health (FBPS) from January 28-30, 2015, in Bobo Dioulasso. The LMG/West Africa project identified a reproductive health expert from MSH headquarters to facilitate the workshop, financed the logistics of the meeting, and funded travel for three regional reproductive health experts. The workshop participants included WAHO staff, international and regional partners, and technical experts, and focused on creating a roadmap for working with countries and partners to identify and document good practices for regional scale-up. The specific objectives of the workshop were to

- come to consensus on the working definition of a “good health practice”;
- agree on the key criteria for a good practice in health, whether clinical or institutional;
- develop a framework for the identification and documentation of good health practices;
- develop a framework for writing abstracts to document good health practices;
- achieve consensus on the key good practices to present at the forum;
- agree on a joint technical and financial support plan for countries that will participate in the forum and subsequent national dissemination workshops; and
- finalize a schedule of steps leading up to the forum.

The objectives of the workshop were fully achieved through plenary sessions and working groups for the 2.5 days of the meeting (please see the full trip report in Annex VI).

The agreed-upon definitions, which will be applied during the review of abstracts and disseminated to all forum participants, are as follows:

- A **Good Practice** is defined as “a process, procedure, tool, principle or experience implementing a program or health intervention, based on evidence (with well-defined criteria) that contributes to improvements in expected results.”
- A **Promising Practice** is defined as a practice where “sufficient evidence exists indicating that it can lead to good result, but for which more documentation of successful implementation experiences is required.”
- An **Innovative Practice** is defined as “a new practice or approach to

improving health programs, at an initial stage of implementation, for which more scientific evidence is required”.

Good practices will be evaluated using the following criteria: effectiveness, efficiency, relevance, possibility of replication or scale-up, sustainability, ethical validity/respects human rights, and participation of key partners (communities, officials, and other stakeholders).

To move forward with preparations for the forum, LMG/West Africa began to hold weekly meetings at the beginning of January with WAHO’s professional officer for Health Systems Strengthening, who is serving as the WAHO focal point for the FBPS, to discuss the action plan developed for the FBPS. During these meetings the LMG/West Africa team followed up with the WAHO focal point on the next steps identified during the preparatory workshop. During these meetings, the team was able to

- confirm the forum dates and location, scheduled for July 29-31, 2015, in Ouagadougou;
- meet with the WAHO internal committee members to review the outcomes of the planning and consensus workshop, the road map leading to the forum (see Annex VI), and roles and responsibilities of committee members;
- finalize and translate the forum’s abstract tools (announcement of the form, abstract registration form, and guidelines and oral presentations);
- review and provide feedback on the tool to be used to document good practices; and
- provide support to working groups in the three technical areas (family planning, maternal and child health, and adolescents) to finalize the matrices of good practices started during the workshop.

Now that each working group has finished its matrix, WAHO’s internal organizing committee will select the good practices to be documented in member countries with WAHO and partner support.

WAHO launched the call for abstracts and posted the forum announcement on its website in late March. The call for abstracts will close on May 15, after which the planning committee will begin reviewing abstracts. LMG/West Africa has circulated the announcement and abstract submission guidelines to its network.

The LMG/West Africa project also participated in conference calls on March 6 and 30, initiated by the IBP Initiative Consortium, to monitor preparation for the FBPS. During these calls, participants asked about progress made toward

defining good practices, countries likely to present abstracts, and the number of countries expected to participate in the forum. KfW will fund five West African countries will participate in the Forum. The CAPS project will support an additional five countries' participation.

WAHO requested that LMG/West Africa continue to provide daily planning support until the forum in July. LMG/West Africa will identify a medium-term technical assistance provider who can do so, especially in terms of coordinating partners and technical preparation, and following up to ensure all activities are completed. LMG core proposed to host a pre-forum meeting on July 28 for forum participants to discuss scaling up good practices. WAHO has accepted this proposal.

1.2.3

Generate a governance profile for WAHO and for each member state to detail the governance landscape, governance challenges and opportunities, and profile existing governing bodies through document review, short online survey, virtual and in-person meetings with WAHO staff, followed by an on-site rapid assessment at WAHO

The LMG/West Africa project continues to gather governance profiles for WAHO and for each member state to detail the governance landscape, governance challenges, and opportunities. The WAHO DG reached out directly to WAHO State Focal Points in order to finalize the profiles of the remaining nine countries; nevertheless, to date, only six countries (Benin, Burkina Faso, Liberia, Mali, Nigeria and Togo) have submitted complete profiles. The project team is using different approaches with the remaining countries, including calling and emailing directly, and reaching out to other MSH and LMG projects for assistance in securing the completed profiles.

The governance profiles were used to inform the design of the Governance Academy (see Activity 1.2.4), and will also be used by WAHO leadership to better identify the governance context and needs of member states.

1.2.4

Train eight WAHO Senior Directors in key governance practices and in the implementation of governance tools, in coordination with LMG core-funded tools and technical experts

The LMG/West Africa project held a Governance Academy for WAHO senior directors from March 25-27, 2015, in Bobo Dioulasso. Of the eight Senior Directors at WAHO, only the *Département de la lutte contre la maladie et les Epidémies* (DLME) director could not attend the Governance Academy. The project has shared the materials from the Academy as well as the governance development plan developed by the participant with the DLME directors Prior

to the academy, the LMG/West Africa team developed a governance questionnaire to assess the needs of each director. They disseminated the questionnaire, and, along with the LMG/Core Senior Technical Advisor for governance, used to shape the Governance Academy content and agenda.

The LMG/Core Senior Technical Advisor for governance and the LMG/West Africa Principal Technical Advisor traveled to Bobo Dioulasso to facilitate the workshop. The facilitators used the five effective governing practices and helped participants to create a governance development plan to achieve the overarching strategic objectives of the organization. Over the next 6-12 months, the directors will implement the plan, monitor progress at weekly DG meetings, and evaluate results once the plans have been fully implemented (see Annex VIII).

1.2.6

Provide technical and financial support to WAHO to develop a youth sexual and reproductive health (YSRH) strategy document as a guideline for WAHO member states' national strategies

LMG/West Africa continued discussions with the *Division Soins de Santé Primaires* (DSSP) and the KfW Regional Reproductive Health Program, to recruit a consultant to lead the development of a guide for establishing national strategies for integrated health services for adolescents and youth in the ECOWAS region. LMG/West Africa will finance the consultant costs, activity costs related to the situational analysis, and the costs to translate, print, edit, and distribute the final guide. KfW will finance the workshop to validate and finalize the guide. The proposed methodology for developing the strategy is as follows:

- conduct a desk review of existing strategies, guidelines, and literature, and member country needs in adolescent reproductive health;
- conduct a situational analysis in identified member countries (countries will be selected based on the availability of existing information and existing work in the area of adolescent reproductive health);
- develop the strategy document; and
- conduct a validation workshop with stakeholders to finalize and approve the strategy.

During this reporting period, the KfW Regional Reproductive Health Program Coordinator and LMG/West Africa team worked together to finalize the terms of reference (TOR) and budget for the activity, as well as the terms of reference for the consultant. The TORs been posted and circulated by WAHO and LMG, and at the time of writing ten CVs have been received. The LMG/West Africa Senior Technical Advisor is developing a short list; and the project expects to select a consultant to begin working early next quarter.

Output 1.3: Organizational staff capacity and structure reviewed and organizational staff development plan created and implemented to ensure that WAHO staff are equipped with the skills and resources to support the organization's regional leadership role

1.3.1 *Conduct a comprehensive organizational human resources assessment to identify staff skill strengths and areas for increased improvement, including a review and evaluation of job descriptions and an update of the current organogram*

In collaboration with MSH's Human Resources (HR) department and the WAHO professional officer for HR, the LMG/West Africa project identified and hired a consultant to lead a comprehensive human resources assessment at WAHO and assist WAHO to develop a staff development plan. This consultant will begin work on April 13, 2015. The consultant's first activity will be to conduct the assessment, and then develop and implement an organizational staff development plan with specific deliverables as listed in the scope of work.

Objective 2: Strengthened organizational monitoring and evaluation (M&E) capacity and regional Health Information System (HIS) management and implementation oversight

Output 2.1: Strengthen the M&E Unit that will assess, implement, and monitor the HIS regional policy

Output 2.2: WAHO HIS data warehouse operationalized and actively managed
(Activities under Outputs 2.1 and 2.2 both depend on the recruitment of the HIS and M&E consultants, therefore their updates have been combined)

2.1.1 *Provide technical support through a consultant to the M&E unit to develop a plan and a detailed timeline for developing/implementing tools to accompany the previously distributed HIS policy*

2.2.1 *Train WAHO staff and ECOWAS member state HIS technical leads from three priority countries selected by the HIS Professional Officer (Côte d'Ivoire, Guinea, and Mali) on the management and use of the data warehouse, in collaboration with the WAHO Database Manager*

During this reporting period, the LMG/West Africa project revised the terms of reference for the consultant planned to lead the implementation of activities under Outputs 2.1 and 2.2. The original consultant TOR included establishing one unit that integrates both HIS and M&E functions. Through the process of interviewing applicants, it became clear that in order to ensure that all the activities are completed, the project should hire separate consultants for the HIS and M&E deliverables, as applicant profiles were strong in either HIS or M&E, but not both. Due to the delay, the timing of the HIS deliverables no

longer aligned with those for M&E. The project therefore recruited two local consultants to begin in April 2015. Currently the M&E and HIS units work independently; the consultants recruited by LMG/West Africa will work with both units to improve their communication and coordination.

During meetings with the WAHO HIS professional officer, LMG/West Africa confirmed that WAHO's priorities for the consultants are to:

- conduct a mapping exercise of the health profiles of member states, based on the list of tracer indicators, to serve as a baseline for WAHO's 2016-2020 strategic plan;
- provide technical support to WAHO HIS support staff to launch and manage the web-based data warehouse in identified ECOWAS countries;
- develop country-specific road maps toward a fully functional data warehouse in each country visited;
- review the structure of WAHO's web-based data warehouse and revise the platform as necessary;
- coordinate closely with the WAHO professional officer for HIS to operationalize and implement the regional HIS policies and platforms;
- coordinate with WAHO staff and the University of Oslo, to train WAHO and ECOWAS database managers in the use of District Health Information Software, Version 2 (DHIS 2); and
- conduct a quality assurance evaluation of data uploaded to the data warehouse in Burkina Faso and Ghana.

The original terms of reference were revised to address these priorities and divide the work between the two HIS consultants.

In collaboration with the USAID/West Africa Regional Health Office, the LMG/West Africa project assisted WAHO to prepare for the annual ECOWAS HIS focal points workshop, to be held from May 18-20, 2015. LMG/West Africa is currently reviewing technical documents and logistics, and the two consultants will attend the workshop, along with the LMG/West Africa Senior Technical Advisor. Originally planned for November 2015, the workshop was moved to earlier in the year for ECOWAS countries to discuss the weaknesses in health systems revealed by the Ebola outbreak. The workshop aims to foster meaningful discussions regarding how countries in the region can work together to promptly identify and respond to outbreaks in the future.

Objective 3: Strengthened capacity in internal and external communication and advocacy

Output 3.1: Advocacy plan and communication strategy developed under WA-LEAD implemented and monitored

3.1.1 *Facilitate monthly internal reviews with WAHO Communications and Advocacy Officers of progress towards the Advocacy Strategy action plan targets from the interim strategic plan*

3.1.2 *Facilitate monthly internal reviews of progress towards Communications Strategy action plan targets from the interim strategic plan with WAHO Communications and Advocacy Officers*

LMG/West Africa met twice with the WAHO officers for advocacy and communications this quarter, to develop targets for the advocacy plan and communication strategy. During the process of developing annual targets, the WAHO professional officers also revised the content and timelines for some activities, based on current WAHO priorities and feasibility (see Annex XI). As a next step, the LMG/West Africa Senior Technical Advisor and the WAHO Advocacy and Communications POs will share the revised plans with the DG and DGA for them to validate and request additional funding for implementation, as several of the activities included in these plans are contingent on funding from WAHO that has not yet been confirmed for the year. LMG/West Africa will continue to provide technical assistance to the WAHO POs for Communication and Advocacy in implementing activities that do not require funding.

Output 3.2: WAHO business development plan developed and implemented

3.2.3 *Provide technical human resources support to WAHO to develop long-term private sector partnerships to expand the reach of WAHO priorities and mobilize additional resources to respond to the region's most pressing health priorities*

At the request of the USAID/West Africa Regional Health Office, LMG/West Africa is recruiting a consultant to assist WAHO to build meaningful partnerships with private sector actors in the region. The consultant will work with WAHO's *Direction de la Planification et l'Assistance Technique* (DPAT), to research and foster private sector partnerships that help to address regional health priorities, including Ebola and epidemic disease (Lassa fever) preparedness, family planning and HIV and AIDS.

This quarter, LMG/West Africa finalized the terms of reference for the consultant with USAID and WAHO. The project team reviewed CVs and began holding interviews in March. The selected consultant is expected to begin by early May 2015 and will be supervised by the DPAT, working closely with

WAHO's professional officer for planning, who is also in charge of overseeing the consultant for the Capacity Strengthening Project (CAPS) project. Both projects worked together closely during this process to ensure no duplication of activities.

In addition to the above technical activities, LMG/West Africa staff participated in the following meetings:

USAID/RHO Partners Meeting

The LMG/West Africa Principal Technical Advisor and the Senior Technical Advisor participated in the annual USAID/RHO partners meeting held in Accra, Ghana, from February 18-20. Partners present included AgirPF, SIAPS, LMG, and WAHO through the WAHO/CAPS/USAID Project. During the meeting, USAID/RHO shared its vision, strategy for regional cooperation, and three development objectives. LMG/West Africa's work aligns most closely with the third: Utilization of quality health services increased through West African partners. The intermediate results for this objective are:

1. Best practices scaled up
2. Enabling environment at national and regional levels strengthened (WAHO was identified as the most important partner for taking the lead for this result), and
3. Demand increased.

LMG/West Africa's activities are currently contributing to intermediate results 1 and 2, namely through the planning and coordination support for the FBPS, the LDP+ for WAHO staff and State Focal Points, and the Governance Academy.

16th Ordinary Session of the Assembly of Health Ministers of ECOWAS

The LMG/West Africa Senior Technical Advisor and LMG/West Africa Portfolio Director attended the Assembly of Health Ministers in Niamey, Niger, March 9-13. For the first time, WAHO partners were not invited to participate in the preliminary sessions for the assembly. The LMG/West Africa Senior Technical Advisor participated in the Liaison Officers meeting on March 9 and the experts meeting March 10-11.

On March 12, the LMG/West Africa Portfolio Director and Senior Technical Advisor participated in the ECOWAS partners' forum. The Portfolio Director's trip report (see Annex X), notes that discussions on health systems post-Ebola focused strongly on the role of governance in creating health systems capable of responding to outbreaks. Participants also noted that the Ebola outbreak of the past year is a wake-up call for the entire region to address its weak health systems, not just for the three countries most affected by the crisis. Partners had specific priorities for the role that WAHO can play going forward, many of which align with the current assistance LMG/West Africa is providing with USAID support (governance, leadership and

management, resource mobilization, and health information system strengthening), as well as with the USAID/West Africa direct agreement with WAHO, the CAPS project.

The ECOWAS Health Ministers’ Meeting on March 13, 2015, also emphasized the importance of learning from the Ebola outbreak. The Ministers made the following recommendations to the WAHO member states:

- strengthen their advocacy towards governments in order to secure more financial resources for WAHO.
- support WAHO in playing its leadership role in health within the ECOWAS region.
- Member states should take on more ownership of appropriate WAHO interventions.
- Member states should increase advocacy with respective governments to strengthen the operational capacity of WAHO through recruiting adequate staff.

Member states should develop appropriate plans for rebuilding health systems in countries affected by the Ebola epidemic, in view of upcoming meetings (April and May 2015) sponsored by the World Bank and the General Secretariat of the United Nations.

Table 2: Management priorities addressed during this reporting period

Management priorities	Status	Comments
LMG/West Africa project contingency plan developed and implemented	Completed	The contingency plan requested by USAID/RHO was implemented, with most planned activities conducted on time. WAHO requested similar support to plan the FBPS.
Harmonizing activities with the WAHO CAPS project	Tacit Memo with the CAPS Project	LMG/West Africa and CAPS staff meet bi-weekly to avoid duplication and take advantage of synergies.
Project close out	Ongoing	Closeout activities to begin six months before the project ends.

III. CHALLENGES AND PLANNING FOR SUCCESS

Strategic planning process

WAHO will begin developing its organizational strategic plan next quarter, which will require the presence and attention of many WAHO staff. The LMG/West Africa project will make appointments and schedule meetings with WAHO staff who are involved in LMG/West Africa activities in advance in order to ensure staff availability.

The ongoing Ebola outbreak

The Ebola outbreak remains the primary challenge to implementation of the project’s activities. Reports of the virus have decreased in the region, but WAHO will have to strengthen its work on response planning, which will need to be led by the DLME director. However, the outbreak

still affected activity implementation during this quarter. For example, the Head of the DLME traveled so often for Ebola issues that meeting with him to plan activity 1.2.7. (providing technical support to WAHO to review the reproductive health commodity security strategies for regional implementation in coordination with the KfW commodity security project and other international agencies) was difficult. The project will solicit the assistance of the DG in the coming quarter to ensure that the Head of the DLME is available for project-related activities.

Brown bag sessions

Under Activity 1.2.2, LMG/West Africa planned to organize quarterly brownbag sessions for WAHO staff on selected leadership topics, such as L+M+G practices and internal challenges. Unfortunately, most WAHO staff do not eat lunch at the office, so the project has had to find other ways of attracting attendance. The project worked with WAHO leadership to better define and promote these sessions, and will serve lunch during the sessions.

VI. PROJECT ACTIVITIES IN THE NEXT QUARTER

The following workplan activities will take place in the next reporting period April 1 –June 30, 2015 (see Annex II for full workplan and implementation calendar). Most of the activities started during Q2 and will continue into Q3.

Objective 1: Improved leadership, management and governance practices	
Output 1.1	Leadership Development Programs focused on applying leadership, management and governance practices with technical staff in WAHO; actions were developed to address the needs of WAHO State Focal Points
1.1.1b	<i>Conduct LDP+ Workshop 4 with the first cohort of WAHO staff with a focus on "preparation and presentation of results"</i>
1.1.1c	<i>Conduct coaching sessions with each LDP+ team between each workshop to reinforce learning and support achievement of each team's identified desired result</i>
1.1.3b	<i>Conduct LDP+ Workshop 1 with first cohort of five State Focal Points focusing on "analyzing the context" to assess the work climate and identify key challenges</i>
1.1.13c	<i>Conduct LDP+ Workshop 2 with first cohort of five States Focal Points centered on "focus and plan," identifying a shared desired measurable result</i>
1.1.3f	<i>Conduct coaching sessions with the SFP team between the first and second workshop to reinforce the content of the program and provide support toward the achievement of the team's identified desired result with virtual support from LDP+ facilitators and the LMG/WA STA</i>
Output 1.2	WAHO staff trained in governance and leadership practices and approaches in order to support member state countries
1.2.2a	<i>Provide technical and financial support to WAHO to hold the Best Practices Forum planning workshop</i>
1.2.2c	<i>Organize quarterly brownbag sessions for WAHO staff on selected leadership</i>

	<i>topics such as leadership, management and governance practices and internal challenges.</i>
1.2.6a	<i>Conduct a situational analysis and collect data from five WAHO-member countries where YSRH efforts are more highly developed, in order to identify effective approaches and recommendations for YSRH strategies across the region</i>
1.2.6b	<i>Organize and facilitate a workshop to validate analysis recommendations and conclusions</i>
1.2.7a	<i>Assist the head of the Regional Reproductive Health Program to coordinate the establishment of a system of coordinated and informed purchasing of reproductive health commodities</i>
1.2.7b	<i>Provide coaching support to the head of the Regional Reproductive Health Program to strengthen his ability to build the institutional capacity of the program</i>
Output 1.3	Organizational staff capacity and structure reviewed and organizational staff development plan created and implemented to ensure that WAHO staff are equipped with the skills and resources to support the organization's regional leadership role
1.3.1	<i>Conduct a comprehensive organizational human resources assessment to identify staff skill strengths and areas for increased improvement, including a review and evaluation of job descriptions and an update of the current organogram</i>
1.3.2a	<i>Provide coaching assistance to WAHO Human Resources (HR) to identify priority staff development opportunities based on HR assessment results</i>
1.3.2b	<i>Provide technical support to WAHO leadership and HR staff to develop an organizational staff development plan with implementation goals</i>
1.3.2c	<i>Provide technical support to WAHO to develop a functional organogram with comprehensive job descriptions</i>

Objective 2: Strengthened organizational monitoring and evaluation (M&E) capacity and regional HIS management and implementation oversight	
Output 2.1	Strengthen the M&E Unit that will assess, implement, and monitor the HIS regional policy
2.1.1a	<i>Assist WAHO management to strengthen and staff a robust M&E unit at WAHO, integrating both M&E and HIS functions</i>
2.1.1b	<i>Develop and institutionalize the use of a Performance Monitoring Plan (PMP) to guide monitoring of WAHO performance at both the country level and at the regional level</i>
2.1.1c	<i>Support WAHO to develop an M&E plan for the upcoming strategic plan for 2016-2020</i>
2.1.1e	<i>Document and share successes and lessons learned through project reports, publications, and presentations at all levels</i>

Output 2.2	WAHO HIS data warehouse operationalized and actively managed
2.2.1a	<i>Provide coaching support to WAHO data warehouse staff, through an expert consultant, to conduct training sessions on data transmission for technical staff in the 3 ECOWAS countries identified by WAHO leadership as priorities (Côte d'Ivoire, Guinea, and Mali)</i>
2.2.1b	<i>Provide technical support to the WAHO team in routinely analyzing and publishing national and regional data</i>
2.2.2a	<i>Assess the profile of member states in collaboration with the consultants team</i>

Objective 3: Strengthened capacity in internal and external communication and advocacy	
Output 3.1	Advocacy plan and communication strategy developed under WA-LEAD implemented and monitored
3.1.1c	<i>Facilitate Communications/Resource Mobilization for WAHO Communications and Advocacy Officers to review action plans and provide coaching on their implementation</i>
3.1.2	<i>Facilitate monthly internal reviews of progress towards Communications Strategy action plan targets with WAHO Communications and Advocacy Officers</i>
Output 3.2	WAHO business development plan developed and implemented
3.2.3	<i>Support WAHO to establish strong partnership with Private sector with the recruiting a medium-term Private Sector Partnership Coordinator (PSPC)</i>

VII. FINANCIAL BRIEF

Total Estimated Contract/Agreement Amount: \$1,843,370
Obligations to Date: \$1,843,370
Project Expenditures through December 2014: \$493,494.20
January – March 2015 Expenses: \$110,218.24
Estimated/Accrued Expenditures for March 2015: \$138,567.15
Total Expenditures for Reporting Period: \$248,785.38
Total Project Expenditures (as of March 31, 2015): \$742,279.58
Obligated Funds Remaining (as of March 31, 2015): \$1,101,090.42
Estimated Expenditures for Next Reporting Period (March -June): \$415,701.44

V. ANNEXES

Annex I: Quarterly Travel Plan

Annex II: Quarterly Workplan and Implementation Table

Annex III: Performance Monitoring Plan

Annex IV: Short-term technical assistance trip report

Annex V: LDP+ Work Climate Team Work Climate Questionnaire

Annex VI: FBPS Planning Workshop Trip Report

Annex VII: FBPS Planning Roadmap

Annex VIII: WAHO Senior Director Governance Development Plan

Annex IX: Finalized Communications and Advocacy Plans

Annex X: Assembly of Health Ministers Trip Report

Annex I: Quarterly Travel Plan

Traveler(s)	Itinerary	Dates	Approval status	Purpose
Jonathan Smith, HR Consultant	Mexico City / Bobo Dioulasso / Mexico City	4/10 – 5/30	Approved by USAID/Washington	Conduct an audit of WAHO personnel capacity and assist WAHO to review and revise the organogram. Deliver an HR development plan.
Seydou Barro, HIS Consultant	Bobo Dioulasso / Ouagadougou / Bobo Dioulasso	4/20 – 4/24	Approved, in-country	Provide technical support to WAHO HIS team to develop an implementation plan with a detailed timeline for developing and implementing tools to accompany the previously distributed HIS policy.
Boureima Ouedraogo, HIS Consultant	Bobo Dioulasso / Ouagadougou / Bobo Dioulasso	4/27	Approved, in-country	Work with WAHO's internal HIS and M&E units to strengthen collaboration. Work with WAHO to implement HIS policies and data collection methods regionally across member states.
Mbaye Kouma, Private Sector Partnerships Consultant	Libreville / Bobo Dioulasso	4/28 – 8/31	Approved by USAID/Washington	Conduct a mapping of private sector companies and their assets/interests; Develop a resource mobilization plan for the private sector
Seydou Barro, HIS Consultant	Bobo Dioulasso / Accra / Bobo Dioulasso	5/18 – 5/22	Approval request to be submitted at the end of April 2015	Attend WAHO's annual meeting of ECOWAS HIS and Disease Surveillance Managers in Accra.
Boureima Ouedraogo, HIS Consultant	Bobo Dioulasso / Accra / Bobo Dioulasso	5/18 – 5/22	Approval request to be submitted at the end of April 2015	Attend WAHO's annual meeting of ECOWAS HIS and Disease Surveillance Managers in Accra.
Abdoulaye Diagne, Senior Technical	Bobo Dioulasso / Accra / Bobo Dioulasso	5/18 – 5/22	Approval request to be submitted at the end of April 2015	Attend WAHO's annual meeting of ECOWAS HIS and Disease Surveillance

Advisor				Managers in Accra.
Mbaye Kouma, Private Sector Partnerships Consultant	Bobo Dioulasso / Accra / Abuja / Abidjan / Bobo Dioulasso	5/16 – 5/22	Approval request to be submitted at the end of April 2015	Assess potential private sector companies partners and their willingness to work with WAHO, establish contact with strategic companies in the region.
TBD, Good Practices in Health Forum Consultant	TBD / Bobo Dioulasso / TBD	TBD May – July 2015	Approval request to be submitted at the end of April 2015	Support planning for WAHO’s Good Practices in Health Forum
TBD, Adolescent Sexual and Reproductive Health Consultant	TBD / Bobo Dioulasso / TBD regional countries / TBD	TBD in May	Approved by USAID/Washington	Conduct a situational analysis and collect data from five WAHO-member countries where YSRH efforts are more highly developed.
Oumar Diakite, LDP+ Consultant	Kankan / Bobo Dioulasso / Kankan	1 week in June	Approval request to be submitted at the end of April 2015	Co-facilitate the second LDP+ workshop for Senior WAHO leadership
Bernard Assi, WAHO Cote d’Ivoire State Focal Point	Abidjan / Bobo Dioulasso / Abidjan	6/23 – 6/27	Approval request to be submitted at the end of April 2015	ECOWAS member will participate in Workshop 2 of the LDP+
Patrice A. Coumbary, WAHO Burkina Faso State Focal Point	Ouagadougou / Bobo Dioulasso / Ouagadougou	6/23 – 6/27	Approval request to be submitted at the end of April 2015	ECOWAS member will participate in Workshop 2 of the LDP+
Kokou Sika Dogbe, WAHO Togo State Focal Point	Lome / Bobo Dioulasso / Lome	6/23 – 6/27	Approval request to be submitted at the end of April 2015	ECOWAS member will participate in Workshop 2 of the LDP+
Mballou Diakhaby, WAHO Guinea State Focal Point	Conakry / Bobo Dioulasso/ Conakry	6/23 – 6/27	Approval request to be submitted at the end of April 2015	ECOWAS member will participate in Workshop 2 of the LDP+
Bolaji Oladeji, WAHO Nigeria State Focal Point	Abuja/ Bobo Dioulasso / Abuja	6/23 – 6/27	Approval request to be submitted at the end of April 2015	ECOWAS member will participate in Workshop 2 of the LDP+

Annex II: Quarterly Workplan and Implementation Table

LMG/West Africa Workplan - PY2 January 2015 - March 2015			Program Manager: Emmanuel Le Perru Senior Technical Advisor: Abdoulaye Diagne												PY2 Q2: Due March 8, 2015		
Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:
			2014			2015											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
Objective 1: Continued improvement in leadership, management and governance practices																	
Output 1.1: Leadership Development Programs focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges applied to targeted technical staff in WAHO and appropriate actions developed to address the needs of WAHO State Focal Points		# of participants completing all four workshops/individual coaching sessions of the Leadership Development Program (LDP) delivered by the LMG/WA project; % of teams participating in the LDP+ that have achieved their desired measurable result within six months of completing the training; % of teams participating in the LDP+ that have reported an improved work climate six months following the training															
1.1.1	Complete the implementation of the Leadership Development Program Plus (LDP+) for WAHO staff, aimed at improving their leadership, management and governance skills for the effective management of their respective programs through a team-based performance improvement process			X	X	X	X										
1.1.1a	Conduct LDP+ workshop 3 with the first cohort of WAHO staff with a focus on "aligning, mobilizing and inspiring" towards achieving the participants' desired measurable result			X											LDP Workshop #3 with the first cohort of two WAHO improvement teams completed December 17-18.		
1.1.1b	Conduct LDP+ Workshop 4 with the first cohort of WAHO staff with a focus on "preparation and presentation of results"					X									LDP Workshop #4 did not take place this quarter as planned, due to scheduling conflicts with LDP participants. The workshop is expected to take place in May 2015.	LDP workshop #4 is planned in the next quarter and will target only the LDP+ Work Climate Team.	
1.1.1	Conduct coaching sessions with each LDP+ team between each workshop to reinforce learning and provide support toward the achievement of each team's identified desired result					X		X							The project held several coaching sessions with the Work Climate team to finalize and present a work climate questionnaire at the annual WAHO retreat on January 22. The questionnaire was finalized on March 10, and the next step will be to administer it to WAHO staff. The LDP Ebola cross-border team held one coaching session in this quarter. To better collaborate with other Ebola responders, the WAHO DGA has become a member of the committee charged with the follow-up of the Ebola outbreak.	The questionnaire will be administered to WAHO staff next quarter. The project is working closely with the DG to draft a memo for organization-wide dissemination.	The work climate improvement team will present their results during the final results workshop in May 2015. The LMG/West Africa project will continue to conduct coaching sessions during the following quarter to assist this team in achieving their desired results. Please note that the implementation of the LDP+ team's recommendations is included in WAHO's governance plan.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:
			2014			2015											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
1.1.2	Assist WAHO State Focal Points to identify and fulfill L+M+G needs		X	X	X	X	X	X	X	X	X	X	X				
1.1.2a	Perform an individual assessment for each of three new State Focal Points, through in-person and virtual meetings, to determine their needs and challenges		X	X	X										Six State Focal Points completed a questionnaire aimed at assessing their needs and challenges. These State Focal Points were among ten selected to participate in the first LDP+ workshop in April 2015.	The first LDP+ workshop with State Focal Points will take place in April 2015.	
1.1.2b	Assess three new State Focal Points in their work environment to observe and address their specific needs and challenges					X									Five focal points from Burkina Faso, Côte d'Ivoire, Guinea, Nigeria, and Togo, completed the questionnaire.	LMG/West Africa is using participants' responses in the questionnaire to modify and inform the focus of the LDP+.	
1.1.2c	Conduct tailored coaching sessions with each of the three selected State Focal Points and provide support toward their achievement of their identified desired results						X		X		X		X		The project held coaching sessions with each State Focal Point in preparation for the first LDP+ workshop.	The project will continue coaching sessions throughout the LDP+ cycle next quarter.	
1.1.3	Carry out an LDP+ for five selected State Focal Points in order to improve their leadership, management, and governance skills for the effective management of their respective programs through a group-based performance improvement process		X	X	X	X	X	X	X	X	X	X	X				
1.1.3a	Identify State Focal Points with common challenges and commitment to improving their leadership, management and governance skills to participate in a LDP+ cohort (identified in the course of activity 1.1.2a)		X												The project has identified five State Focal Points with some common challenges to participate in the first LDP+ workshop.	Due to their participation in the 16th Assembly of Health Ministers in March, many State Focal Points did not complete the selection questionnaire until the end of March.	The five State Focal points will participate in the first LDP+ workshop in April 2015.
1.1.3b	Conduct LDP+ workshop 1 with first cohort of State Focal Points focusing on "analyzing the context" to assess the work climate and identify key challenges				X										The first LDP+ workshop is scheduled for the first week of April 2015. Due to scheduling conflicts with the State Focal Points and their general lack of responsiveness until March, the workshop could not take place this quarter.	Identifying State Focal Points to participate in the LDP+ who are both available and committed to the LDP+ process has proven challenging. With support from the WAHO DG, the project was able to identify and secure commitment from five State Focal Points.	The LDP Workshop #1 with State Focal Points will take place the first week of April 2015.
1.1.3c	Conduct LDP+ workshop 2 with cohort of State Focal Points to "focus and plan," identifying a shared desired measurable result						X										This activity will be carried out in Q3.
1.1.3d	Conduct LDP+ workshop 3 with cohort of State Focal Points with a focus on "aligning, mobilizing and inspiring" towards achieving the participants' desired measurable result								X								This activity will be carried out in Q3.
1.1.3e	Conduct LDP+ workshop 4 with the cohort of State Focal Points with a focus on "preparation and presentation of results"											X					This activity will be carried out in Q4.
1.1.3f	Conduct coaching sessions with the SFP team between all workshops to reinforce the content of the program and provide support toward the achievement of the team's identified desired result with virtual support from LDP+ facilitators and the LMG/WA STA				X	X		X		X	X						Coaching sessions will begin after the first LDP+ workshop in April 2015.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:			
			2014			2015														
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept						
Output 1.2: WAHO staff trained in governance and leadership practices and approaches in order to support member state countries		# of WAHO leaders trained in governance; # accountability measures and indicators defined to monitor the implementation of governance practices among WAHO leadership; % accountability measures and indicators with measured improvement;																		
1.2.1	Provide technical support to WAHO staff to develop an organizational strategic plan through participatory working sessions				X	X														
1.2.1a	Facilitate a 2-day workshop and provide technical support to WAHO to incorporate the pending interim strategic plan for 2014-2015 into the Management Result-based format																This activity has been delayed due to scheduling conflicts with WAHO staff and resistance from the DPTA. However, with the workshop to develop the WAHO 2016-2020 workplan next quarter, this will present a good opportunity to revisit the activity.	This activity will take place following the WAHO workplanning workshop in April 2015.		
1.2.1b	Facilitate two workshops for planning and preparing the 2016-2020 multi-year organizational strategic plan, building on the 2014-2015 interim strategic plan and following receipt of ECOWAS' strategic priorities																The project identified dates and began preparing for these workshops, which will now be held in April.	The workshops are delayed due to the ECOWAS commission's late start up, which was to provide guidelines on the strategic planning process.	The first workshop will be carried out next quarter in the beginning of April.	
1.2.2	Provide technical support to WAHO in initiating and maintaining knowledge sharing between member countries through the use of best practices from regional networks			X	X	X	X	X					X	X	X					
1.2.2a	Provide technical and financial support to WAHO to hold a Best Practices Forum planning workshop: identify desired outputs and develop a proposal for validation at the 2015 Assembly of Health Ministers																	The project held a planning meeting from January 28 to 30 with IBP partners. The purpose of this meeting was to build consensus on the Good Practices concept, as well as how to identify and document Good Practices.	The planning process, which was originally to begin in December 2014, was delayed due to the unavailability of most of the WAHO internal committee. This committee is responsible for approving each activity and to fully participate in supporting elected countries who need assistance in documenting their practices.	The internal committee, with support of LMG/West Africa, will continue to plan and prepare for the Forum, to be held July 20-31.
1.2.2b	Provide technical support to WAHO for the facilitation of the WAHO Best Practices Forum, in collaboration with the Implementing Best Practices (IBP) Initiative																	The Good Practices in Health forum will be held on July 29-31, 2015. LMG/West Africa will assist with facilitating the forum at that time.		The internal committee, with support of LMG/West Africa, will continue to plan and prepare for the Forum, to be held July 20-31.
1.2.2.c	Organize quarterly brown bag sessions for WAHO staff on selected leadership topics, such as L+M+G practices and internal challenges																	WAHO Program Officers for Advocacy and Communications have demonstrated a desire to present action plans to WAHO.	WAHO staff tend to eat lunch at home, not at the office, which has meant they are not willing to stay at the office during lunch time to attend brown bag presentations.	The project will continue to work with WAHO leadership to better define and promote these sessions and serve drinks and sandwiches to attract people going home for lunch.
1.2.3	Generate a governance profile for WAHO and for each member state to detail the governance landscape, governance challenges and opportunities, and profile existing governing bodies through document review, short online survey, virtual and in-person meetings with WAHO staff, followed by an on-site rapid assessment at WAHO		X	X	X													To date, the project has received seven (out of 15 total) governance profiles from State Focal Points.	State Focal Points' unresponsiveness, despite the projects' various attempts at following up, has been the primary obstacle in completing this activity.	LMG/West Africa has engaged the WAHO DG, who has begun to personally follow up with State Focal Points to request their completed profiles.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:
			2014			2015											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
1.2.4	Train eight WAHO Senior Directors in key governance practices and in the implementation of governance tools, in coordination with LMG core-funded tools and technical experts					X	X	X	X	X	X	X	X				
1.2.4a	Adapt LMG Project governance tools for the WAHO context					X									The project worked with the LMG/Core Senior Technical Advisor to adapt existing governance tools and curriculum for the Academy.		
1.2.4b	Develop 3-day Governance Academy curriculum based on LMG Project governance tools and manuals						X								Completed this quarter.		
1.2.4c	Conduct a 3-day Governance Academy for eight WAHO Senior Directors								X						LMG/West Africa held the Governance Academy, with six WAHO Senior Directors, from March 25-27. The directors created a governance development plan during this workshop.	LMG/West Africa will hold follow up sessions with participants on a monthly basis, and the WAHO DG will monitor the implementation of the plan during weekly meetings.	
1.2.5	Provide technical assistance and training to senior WAHO directors to lead the implementation of key governance practices across WAHO					X	X	X	X	X	X	X	X				
1.2.5a	Conduct an organizational baseline assessment using the defined governance indicators and develop an action plan to achieve set targets					X									As the academy took place end of March, the project will conduct the assessment in the next quarter using the governance indicators defined in the governance development plan.	This activity will be carried out in Q3.	
1.2.5b	Support one senior Director (DG or DDG) to attend an MSH home office governance training focused on equipping him to lead and motivate the implementation of key governance practices									X					This activity has been delayed due to scheduling conflicts with the DG and DDG.	The project will continue to look for training opportunities that align with the leadership's schedules and plans to carry out the activity in Q3.	
1.2.5c	Provide technical support to the trainee to apply governance practices and accountability measures to monitor and support senior WAHO managers to carry out transparent decision-making processes								X	X	X	X	X		Since completing the governance academy workshop that took place at the end of March, this activity has begun and will continue through next quarter.		
1.2.5d	Define accountability measures and indicators to monitor the implementation of governance practices, in collaboration with WAHO senior staff and senior management						X								Accountability measures and indicators were developed during the Governance Academy.	The project will continue to monitor the accountability measures throughout the following quarters.	

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:	
			2014			2015												
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept				
1.2.6	Provide technical and financial support to WAHO to develop a youth sexual and reproductive health (YSRH) strategy document as a guideline for WAHO member states' national strategies				X	X	X	X	X									
1.2.6a	Conduct a situational analysis and collect data from five WAHO-member countries where YSRH efforts are more highly developed, in order to identify effective approaches and recommendations for YSRH strategies across the region				X	X										The project continued discussions with the DSSP and will collaborate with the KfW to develop a guide for establishing national strategies for integrated health services for adolescents and youth. LMG/West Africa has begun recruiting the consultant who will support this activity.	The process took more time than planned, as WAHO requested that an additional methodology which requires additional funds be used. The project has involved KfW in the discussions, and continues to negotiate with WAHO.	This activity will begin next quarter.
1.2.6b	Organize and facilitate a workshop to validate analysis recommendations and conclusions						X										This activity cannot begin before activity 1.2.6c is completed.	This activity will be carried out next quarter following the situational analysis.
1.2.6b	Develop and edit YSRH guidelines for developing a comprehensive YSRH strategy in WAHO member states							X	X								This activity cannot begin before activity 1.2.6c is completed.	This activity will be carried out in Q4.
1.2.7	Provide technical support to WAHO, based on essential drugs policy strategy, in reviewing the reproductive health commodity security (RHCS) strategies for regional implementation in coordination with KfW commodity security support and other agencies					X	X	X	X									
1.2.7a	Assist the head of the Regional Reproductive Health Programme to coordinate the establishment of a system of coordinated and informed purchasing of reproductive health commodities					X										The project held meetings this quarter with internal and external stakeholders, in order to discuss current interventions related to RHCS and begin to define a common policy for RH commodities. The project was still unable to meet with the head of the Regional RH Programme, which is a requirement for moving forward with the activity, as he is the main decision-maker.	The Regional RH Programme head is also in charge of Epidemics, and has been traveling very frequently (sometimes 20 days out of the month) to participate in the organization's Ebola response. The project has been unable to meet with him as a result of his schedule.	The project team will continue to reach out to the Regional RH Programme head to carry out this activity in the next quarter.
1.2.7b	Provide coaching support to the head of the Regional Reproductive Health Programme to strengthen his ability to build the institutional capacity of the Programme					X	X									The project scheduled meetings with the Regional RH Programme head, in order to move these activities forward and coordinate with the DLME, but these meetings did not take place due to his unavailability.	Scheduled meetings with the Regional RH Programme head were not held, due to his travel and work schedule.	The project team will continue to reach out to the Regional RH Programme head, and will appeal to the DG, to carry out this activity in the next quarter.
1.2.7c	Coordinate with the head of the Regional Reproductive Health Programme create an advocacy plan for the implementation of a regulatory framework and harmonized reproductive health policies					X	X									The project scheduled meetings with the Regional RH Programme head, in order to move these activities forward and coordinate with the DLME, but these meetings did not take place due to his unavailability.	Scheduled meetings with the Regional RH Programme head were not held, due to his travel and work schedule.	The project team will continue to reach out to the Regional RH Programme head to carry out this activity in the next quarter.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:		
			2014			2015													
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept					
Output 1.3: Organizational staff capacity and structure reviewed and organizational staff development plan created and implemented to ensure that WAHO staff are equipped with the skills and resources to support the organization's regional leadership role		WAHO organogram revised and validated; Staff development plan and implementation targets finalized and validated; % staff development plan implementation targets achieved																	
1.3.1	Conduct a comprehensive organizational human resources assessment to identify staff skill strengths and areas for increased improvement, including a review and evaluation of job descriptions and an update of the current organogram			X													LMG/West Africa hired the HR consultant who will lead this activity this quarter.	This activity will begin next quarter with the HR consultant.	
1.3.2	Support the development and implementation of an organizational staff development plan				X	X		X	X										
1.3.2a	Provide coaching assistance to WAHO Human Resources (HR) to identify priority staff development opportunities based on HR assessment results				X												The project has contracted a consultant to begin the staff audit and develop the WAHO staff development plan. This activity will begin next quarter.	The consultant was originally scheduled to begin working in late March, but due to scheduling conflicts with the consultant and WAHO staff, he will begin the first week of April 2015.	The consultant will begin the first week of April 2015 and will carry out activities throughout the quarter.
1.3.2b	Provide technical support to WAHO leadership and HR staff to develop an organizational staff development plan with implementation goals				X												The organizational staff development plan is dependent upon the completion of the HR assessment.		The consultant will begin the first week of April 2015 and will carry out activities throughout the quarter.
1.3.2c	Provide technical support to WAHO to develop a functional organogram with comprehensive job descriptions					X											The functional organogram and job descriptions are dependent on completion of the HR assessment.		The consultant will begin the first week of April 2015 and will carry out activities throughout the quarter.
1.3.2d	Provide technical support to WAHO leadership to implement professional capacity building activities and monitor staff involvement and improvement through development plans							X	X										The consultant will begin the first week of April 2015 and will carry out activities throughout the quarter.
Objective 2: Strengthened organizational monitoring and evaluation (M&E) capacity and regional HIS management and implementation oversight																			
Output 2.1: Strengthen the M&E Unit that will assess, implement, and monitor the HIS regional policy		# Standard Operating Procedures for data collection, data quality assessment and reporting (from national level to WAHO) developed; # of harmonized data collection tools adapted/developed and adopted by targeted ECOWAS states;																	
2.1.1	Provide technical support through a consultant to the M&E unit to develop a plan and a detailed timeline for developing/implementing tools to accompany the previously distributed HIS policy			X	X	X	X	X	X										
2.1.1a	Assist WAHO management to strengthen and staff a robust M&E unit at WAHO, integrating both M&E and HIS functions			X													Two local consultants have been recruited and the HIS work will begin in April 2015, and the M&E consultant's work will align with WAHO's planning process for the 2016-2020 strategic plan and annual planning cycle for 2016.	During this reporting period, the terms of reference for HIS and M&E consultants were revised several times as it became clear that the project would need to hire separate consultants for the HIS and M&E deliverables as the consultant profiles that were received were strong in HIS or M&E, but not both.	The HIS work will begin in the next quarter. The M&E support activities are to be determined according to WAHO's 2016-2020 strategic planning process and annual workplanning cycle for 2016.
2.1.1b	Develop and institutionalize the use of a Performance Monitoring Plan (PMP) to guide monitoring of WAHO performance at both the country level and at the regional level				X												The project finalized agreements for the HIS and M&E consultants this quarter.	As this activity is dependent upon the HIS consultants, it will begin to be carried out next quarter.	This activity will begin next quarter.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:
			2014			2015											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
2.1.1c	Support WAHO to develop an M&E plan for the upcoming strategic plan for 2016-2020					X	X								The project finalized agreements for the two HIS consultants this quarter.	As this activity is dependent upon the HIS consultants, it will begin to be carried out next quarter.	This activity will begin next quarter.
2.1.1d	Provide technical support to WAHO M&E and HIS support staff, particularly for the launch and management of the data warehouse at WAHO and in the ECOWAS countries							X									This activity will be carried out in Q3.
2.1.1e	Document and share successes and lessons learned through project reports, publications, and presentations at all levels					X	X	X	X						The project finalized agreements for the two HIS consultants this quarter.	As this activity is dependent upon the HIS consultants, it will begin to be carried out next quarter.	This activity will be carried out in Q3.
Output 2.2: WAHO HIS data warehouse operationalized and actively managed		# of ECOWAS country technical staff trained by WAHO trainers on data warehouse maintenance and data transmission; % of ECOWAS countries transmitting updated HIS data in the past three months; # epidemic profiles developed and validated before drafting the Strategic Plan															
2.2.1	Train WAHO staff and ECOWAS member state HIS technical leads from 3 priority countries selected by the HIS professional officer (PO) (Côte d'Ivoire, Guinea, and Mali) on the management and use of the data warehouse, in collaboration with the WAHO Database Manager			X	X	X	X			X							
2.2.1a	Provide coaching support to WAHO data warehouse staff, through an expert consultant, to conduct training sessions on data transmission for technical staff in the 3 ECOWAS countries identified by WAHO leadership as priorities (Côte d'Ivoire, Guinea, and Mali)			X	X	X									A local consultant has been recruited and the HIS work will begin in April 2015.	As this activity is dependent upon the HIS consultant, it will begin to be carried out next quarter.	This activity will begin next quarter.
2.2.1b	Provide technical support to the WAHO team in routinely analyzing and publishing national and regional data						X			X						As this activity is dependent upon the HIS consultants, it will begin to be carried out next quarter.	This activity will be completed next quarter.
2.2.2	Map the epidemiologic profiles of member states as a baseline for the 2016-2020 Strategic Plan				X												
2.2.2a	Virtually assess the profile of member states in collaboration with the WAHO Database Manager				X										Two local consultants have been recruited and the HIS work will begin in April 2015.	This activity is dependent upon the HIS consultants beginning their work.	This activity will begin next quarter.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:
			2014			2015											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
Objective 3: Strengthened capacity in internal and external communication and advocacy																	
Output 3.1: Advocacy plan and communication strategy developed under WA-LEAD implemented and monitored		% Advocacy Strategy implementation targets in strategic plan achieved; % Communications Strategy implementation targets in strategic plan achieved; # of revised Communications Strategy targets achieved															
3.1.1	Facilitate monthly internal reviews with WAHO Communications and Advocacy Officers of progress towards the Advocacy Strategy action plan targets from the interim strategic plan			X	X	X	X	X	X	X	X	X	X	X			
3.1.1a	Conduct an internal evaluation with key WAHO staff (selected Program Officers and Directors) on the current progress towards the targets set in the 2013-2015 Advocacy Strategy operational plan and action plan		X												To support WAHO in the implementation of its annual advocacy and communication plans, LMG/West Africa held two meetings in February 2015 with the Advocacy and Communications WAHO professional officers for advocacy, to develop targets for the two plans.	Since the Advocacy and Communication plans were not implemented, as it was planned after the 2014 WAHO retreat, it was difficult to do the internal evaluation, which requires more time to implement.	As a next step, LMG/West Africa and both WAHO POs will share the revised plans with the DG and DGA for validation and request additional funding for implementation, as several of the activities included in these plans are contingent on funding from WAHO that has not yet been confirmed for the year.
3.1.1b	Develop an extended detailed action plan with revised targets for the 2013-2015 Advocacy Strategy		X												The LMG/West Africa project met with the WAHO PO for Advocacy to update the action plan by revising the dates for certain priority activities and removing activities that are no longer priorities. The DGA assisted with the advocacy and communication plan revision process by providing partial funding for the working sessions.		The project scheduled a meeting with WAHO PO for Advocacy in early April to implement priority activities in the plan.
3.1.1c	Facilitate Communications/Resource Mobilization workshops for WAHO Communications and Advocacy Officers to review action plans and provide coaching on their implementation		X						X						The project met again with WAHO's Communications and Advocacy POs to review the process for approaching the DG for additional funding.	Several of the activities included in these plans are contingent on funding from WAHO that has not yet been confirmed for the year, therefore an additional \$60,000 is needed beyond the funding provided by LMG/West Africa to implement the action plan.	During the next quarter, LMG/West Africa will support WAHO's POs in sharing the revised plans with the DG and DGA for validation and requesting additional funding for implementation.

Activity No.	Objectives, Outputs, & Activities	Indicators	12 months												A: REPORTING PERIOD UPDATES:	B: CHALLENGES TO IMPLEMENTATION:	C: PLANNING FOR NEXT QUARTER:
			2014			2015											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
3.1.2	Facilitate monthly internal reviews of progress towards Communications Strategy action plan targets from the interim strategic plan with WAHO Communications and Advocacy Officers			X	X	X	X	X	X	X	X	X	X				
3.1.2a	Conduct an internal evaluation with key WAHO stakeholders on the current progress towards the targets set in the Communications Strategy 2013-2017, Communications Action Plan for 2013, and 5-year Communications Work plan (2013-2017)			X										The WAHO website was updated this quarter, and priority events and WAHO's calendar is now kept up-to-date, as planned in the strategy.	The biggest challenge to the implementation of this activity was a lack of resources allocated by WAHO to support the evaluation. The Professional Officers in charge are not skilled to do the evaluations and need additional assistance to conduct them.	Activities will begin after the updates to the Advocacy and Communications Strategic Plans are presented to key WAHO stakeholders in April 2015. The changes made to the plans in this quarter have not yet been shared across WAHO and with external stakeholders.	
3.1.2b	Develop an extended detailed action plan for the Communications Strategy 2013-2017 with revised targets			X										The project, with participation of the Advocacy and Communications POs, updated the action plan with specific targets during this reporting period.	A lack of sufficient funding impeded the development of the action plan during this quarter for example regarding necessary equipment ; however, funding availability is expected to be communicated in the next quarter.	The project scheduled a brown bag presentation for the two WAHO Professional Officers to present the two action plans in the next quarter.	
Output 3.2: WAHO business development plan developed and implemented		# WAHO staff trained in Business Planning for Health (BPH); % Business development plan targets achieved in the past three months															
3.2.1	Conduct a Business Planning for Health (BPH) workshop for selected staff at WAHO to produce a business development strategy and detailed development plan							X								This activity will be carried out in Q3.	
3.2.2	Provide ongoing coaching, through concept notes and other proposals, for BPH team following completion of the workshop to monitor the implementation of the business development plans with virtual support from facilitators and onsite support from local project staff								X		X		X			This activity will be carried out in Q3 and Q4.	
3.2.3	Recruit and monitor a medium-term Private Sector Partnerships consultant to expand the reach of WAHO priorities and mobilize additional resources to respond to the region's most pressing health priorities				X	X	X	X	X	X	X	X		LMG/West Africa reviewed applicant CVs and began interviewing top candidates this quarter.	The consultant selection process was delayed due to the quality of the first round of applicants, who did not meet the selection criteria. The project received stronger applications at the end of this quarter and will move forward with interviews.	This consultant is expected to begin work by early May 2015 and will be supervised by the <i>Direction de la Planification et l'Assistance Technique</i> (DPAT), working closely with WAHO's PO for Planning.	

Annex III: Performance Monitoring Plan



**Performance Monitoring Plan (PMP) for the Leadership, Management and Governance (LMG)
West Africa Field Support Project
January - March 2015**

Final USAID/West Africa Approved - October 2014

This Performance Monitoring Plan (PMP) is used to monitor and report on the overall performance of the Leadership, Management and Governance (LMG) Project field support program in West Africa in meeting its expected results and targets for PY2. The plan classifies performance indicators by the three objectives. Progress towards each will be measured using the indicators listed.

Indicator	Baseline	Q1 target	Q2 target	Q3 target	Q4 target	Achieved to date	End of Project Target	Means of Verification		Comments	
								Data source	Frequency		
Objective 1: Improved leadership, management and governance practices											
Output 1.1: Leadership Development Programs focused on applying leadership, management and governance practices and executing the leadership dimensions of challenges applied to targeted technical staff in WAHO and appropriate actions developed to address the needs of WAHO State Focal Points											
1		0	0	15	0	12	0	12	LMG/WA training records	Quarterly	LDP with WAHO staff launched in PY1 and completed in Q3 of PY2. The final LDP workshop for WAHO staff will be conducted in May 2015. The first LDP workshop for State Focal Points will take place in the first week of April.
2		0	0	0	0	75%	0	75%	LMG/WA training records and reports	Once, six months following final LDP workshop	As there is now only one LDP+ team, and the last workshop will take place in May, we propose to change this indicator to "LDP+ team has achieved their desired measurable result."
3		0	0	0	0	75%	0	75%	LMG/WA reports	Once, six months following final LDP workshop	LDP to be completed in May 2015; 4-month follow up will be completed in September 2015.
Output 1.2: WAHO staff trained in governance and leadership practices and approaches in order to support member state countries											
4		0	8	8	8	8	12	8	LMG/WA training records	Quarterly	7 directors : 6 M & 1 female 5 Professional Officers: 3 male & 2 female
5		0	23	23	23	23	23	23	LMG/WA reports, WAHO PMP	Once	Accountability measures and indicators were defined in the governance development planned during the Governance Academy. The target has been updated to match the number of indicators in the plan.

6	% accountability measures and indicators with measured improvement	0	0	0	0	20%	0	20%	LMG/WA reports	Quarterly	Activity planned to begin in PY2 Q3.
7	Interim strategic plan finalized for 2014-2015, in the correct format	0	0	0	1	0	1	1	WAHO records	Once	Completed
8	Strategic plan developed for 2016-2020	0	0	0	0	1	0	1	LMG/WA reports, WAHO records	Once	The strategic plan process will be completed in September after approval of AHM.
9	Youth sexual and reproductive health strategy and operational plan developed and validated	0	0	0	0	1	0	1	LMG/WA reports, WAHO records	Once	The project is currently recruiting the consultant who will carry out this work, and the activity will begin in the next quarter.
Output 1.3: Organizational staff capacity and structure reviewed and organizational staff development plan created and implemented to ensure that WAHO staff are equipped with the skills and resources to support the organization's regional leadership role											
10	WAHO organogram revised and validated	0	0	0	1	0	0	1	WAHO records, LMG/WA reports	Once	WAHO organogram is under review and will be updated in the next quarter.
11	Staff development plan and implementation targets finalized and validated	0	0	0	1	0	0	1	WAHO records, LMG/WA reports	Once	A survey will be conducted to identify the staff needs in the next quarter.
12	% staff development plan implementation targets achieved	0	0%	50%	75%	75%	0	75%	WAHO PMP, LMG/WA reports	Quarterly	The target will be set in the next quarter and evaluation of the targets will take place in the final quarter.
Objective 2: Strengthened organizational monitoring and evaluation (M&E) capacity and regional HIS management and implementation oversight											
Output 2.1: Strengthen the M&E Unit that will assess, implement, and monitor the HIS regional policy											
13	# Standard Operating Procedures for data collection, data quality assessment and reporting (from national level to WAHO) developed	0	0	0	0	1	1	1	WAHO PMP, LMG/WA reports	Once	The SOPs were developed and now need to be translated and put into action.
14	# of harmonized data collection tools adapted/developed and adopted by targeted ECOWAS states	0	0	0	0	2	0	2	WAHO PMP, LMG/WA reports	Quarterly	The data collection tools have been developed/adapted, and must now be submitted to the ECOWAS HIS Focal Points.
15	# of Data Quality Assessments completed by WAHO in targeted ECOWAS states	0	0	1	1	1	0	5	WAHO PMP, LMG/WA reports	Quarterly	ECOWAS HIS Focal points will use the developed tools to carry out the assessments in the next quarter.
Output 2.2: WAHO HIS data warehouse operationalized and actively managed											
16	# of ECOWAS country technical staff trained by WAHO trainers on data warehouse maintenance and data transmission	0	0	0	0	3	0	3	LMG/WA training records	Quarterly	This training will take place April 21-24 in Ouagadougou.
17	% of targeted ECOWAS countries transmitting updated HIS data in the past three months	0	5	7	9	12	13	75%	HIS database	Quarterly	Targeted ECOWAS countries will begin transmitting updated HIS data following the training in April.
18	# epidemic profiles developed and validated before drafting the Strategic Plan 2016-2020	0	0	6	9	0	0	100%	LMG/WA records	Quarterly	Country profile missions will take place in April.

Objective 3: Strengthened capacity in internal and external communication and advocacy

Output 3.1: Advocacy plan and communication strategy developed under WA-LEAD implemented and monitored

19	% Advocacy Strategy implementation targets in strategic plan achieved	0	0	0	50%	75%	0	75%	WAHO records, LMG/WA reports	Quarterly	The targets in the Advocacy Strategy were revised in February, and WAHO is launching the strategies in the next quarter.
20	% Communications Strategy implementation targets in strategic plan achieved	0	0	0	tbd	tbd	0	75%	WAHO records, LMG/WA reports	Quarterly	The targets in the Communications Strategy were revised in February, and WAHO is launching the strategies in the next quarter.
21	# of revised Communications Strategy targets achieved	0	0	0	tbd	tbd	0	tbd	LMG/WA reports	Once	Will begin in the next quarter.

Output 3.2: WAHO business development plan developed and implemented

22	# WAHO staff trained in Business Planning for Health (BPH)	0	0	5	0	0	0	5	LMG/WA training records	Quarterly	Activity planned for the next quarter.
23	% Business development plan targets achieved in the past three months	0	tbd	tbd	tbd	tbd	0	tbd	WAHO records, LMG/WA reports	Quarterly	Activity planned to begin in the next quarter, after the training session.
24	Number of formalized private sector partnerships facilitated by the Private Sector Partnership Consultant	0	0	0	tbd	tbd	0	tbd	Formalized MoUs/ agreements /grants between WAHO and Private Sector Partners	Quarterly	The number will be determined with WAHO Executive Director in Q3 during the onboarding of the private sector resource mobilization consultant.

Annex IV: Short-term technical assistance trip report



USAID
FROM THE AMERICAN PEOPLE



1. Scope of Work:	
Destination and Client(s)/ Partner(s)	Leadership, Management and Governance Project, West Africa (LMG/West Africa) West African Health Organization (WAHO), Bobo-Dioulasso, Burkina Faso
Traveler(s) Name, Role	Jeanne Hamon, Project Officer, Center for Leadership and Management
Date of travel on Trip	January 2 – March 6, 2015
Purpose of trip	Provide management and technical support to LMG/West Africa’s Senior Technical Advisor (STA) to advance key activities in the project’s workplan.
Objectives/Activities/ Deliverables	<p>This trip was the second of two planned trips during the period December 4, 2014, - March 15, 2015. The objectives of my scope of work for the entire period are as follows:</p> <ol style="list-style-type: none"> 1) Co-facilitate, with the STA based at WAHO, technical coaching sessions with the two WAHO teams participating in the LDP+ and ensure that teams are progressing towards their performance targets by the 3rd and 4th LDP+ workshops. 2) Participate in individual phone calls with the WAHO state focal points and assist the STA in establishing needs’ profiles for each of them which will inform the LDP+ participants’ selection process. 3) Prepare, with the STA and the LMG Governance Principal Technical Advisor (PTA), based in Arlington, the governance profile for WAHO and selected member states, develop governance tools for the WAHO context, and help prepare the 3-day Governance Academy curriculum for WAHO senior management. 4) Assist the STA and PTA for LMG/West Africa, based in Arlington, in organizing a preparatory workshop to coordinate partners’ technical inputs to structure and frame WAHO’s Good Practices Forum in Health; provide technical and administrative support to the forum. 5) Assist in the recruitment and management of a human resources and organizational development consultant. 6) Assist in the recruitment and management of a Health Information System (HIS) consultant in charge of supporting the implementation of the regional HIS policy and strategy. 7) Assist the WAHO Professional Officers (POs) for Communication and Advocacy to implement the advocacy plan and communication strategy and support the review of the annual action plan. 8) Assist in the recruitment and management of a consultant to identify and secure private sector funding (resource mobilization) to respond to the region’s most pressing health priorities.¹
Background/Context, if appropriate.	The two-year goal of the Leadership, Management and Governance Project (LMG) in West Africa is to strengthen WAHO’s organizational capacity as a

¹ In my initial scope of work I was asked to support the recruitment of two additional consultants to (1) support WAHO in its coordination role in the context of the Ebola virus outbreak, and (2) develop/maintain a regional Ebola information database (and other emerging diseases). However, USAID clarified that LMG/West Africa should not move forward with the recruitment of these consultants during a call on December 3, 2014.



USAID
FROM THE AMERICAN PEOPLE

LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
Inspired Leadership. Sound Management. Transparent Governance.

	<p>regional leader and health systems strengthening resource for member countries. We are achieving this goal through workplace action-oriented training for health leaders and managers in key system building blocks, and by developing the stewardship capacity of senior leaders through specialized training and mentoring, supported over the long term.</p> <p>LMG/West Africa has three main objectives towards this overall goal:</p> <ul style="list-style-type: none"> • Objective 1: Improved leadership, management and governance practices • Objective 2: Strengthened organizational M&E capacity and regional HIS management and implementation oversight • Objective 3: Strengthened capacity in internal and external communication and advocacy <p>LMG/West Africa is building institutional capacity needed at WAHO to carry out regional health program stewardship effectively, in close collaboration with USAID/West Africa implementing partners and direct investments to WAHO. As part of the project’s support to WAHO, there is a need to strengthen partnerships and build coordination, holding consultations at the highest levels of health governance through regional meetings such as the WAHO Health Partners’ Forum and Assembly of Health Ministers. These events facilitate information sharing and decision making for regional programs and actions that improve the health of the population of the region.</p>
--	---

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

1) Co-facilitate, with the STA, technical coaching sessions with the two WAHO teams participating in the LDP+ and ensure that teams are progressing towards their performance targets by the 3rd and 4th LDP+ workshops.

The third LDP+ workshop was held December 17-18, 2014. Following this workshop, I co-facilitated with Dr. Diagne several technical coaching sessions with the LDP+ teams (work climate team and Ebola cross-border team):

Technical coaching sessions:

- January 9 (work climate team): Discussed the necessary steps for finalizing the work climate questionnaire in preparation for presentation at the annual WAHO retreat. Reviewed example questionnaires to identify appropriate styles and questions for the WAHO context.
- January 12 (work climate team): Reviewed feedback from team members on 1st draft of questionnaire and revised the questionnaire accordingly.
- January 14 (work climate team): Reviewed final list of questions with the head of human resources and developed definitions for key terminology used in questionnaire. Dr. Diagne shared the draft assessment with WAHO senior leadership on January 16 and requested feedback before the WAHO staff retreat.
- January 16 (Ebola cross-border): Reviewed action plan with the team leader and provided feedback, encouraging the team leader to work within existing WAHO structures to develop the cross-border plan



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT** 
Inspired Leadership. Sound Management. Transparent Governance.

instead of creating a separate committee to move this work forward. Several of the proposed activities in the action plan require funding so we discussed his plans for securing funding. As there is not currently any funding available from WAHO for these types of activities, we encouraged him to brainstorm additional strategies to achieve the result that do not require funding. The team leader shared the revised action plan with the two additional team members and requested feedback; no feedback was received. We brainstormed with the team leader ways to continue to encourage team members to be more engaged in the process.

- January 20 (work climate team): Dr. Diagne and Mr. Alexandre Gbaguidi, the team leader for the work climate LDP+ group, presented the work climate assessment during the WAHO annual staff retreat. This was a very important step for engaging staff in the process, and the DGA thanked LMG for the support provided to WAHO in this area. Some staff provided feedback that the questionnaire should be revised to rephrase or remove questions that targeted specific groups within WAHO (WAHO management, supervisors, etc.).
- February 19 (work climate team): Revised the questionnaire based on feedback from the retreat. The team leader sent the questionnaire to the two LDP coaches and rest of the team for feedback. The final version of the questionnaire was submitted for translation in the two additional official WAHO languages on March 10 (English and Portuguese).

Going forward, Dr. Diagne should continue to provide this level of support during coaching sessions to help teams achieve their results prior to the final LDP+ workshop. Next steps for the work climate team include administering the questionnaire, collecting and analyzing responses, presenting findings to WAHO staff, and developing recommendations to strengthen weaknesses identified in the questionnaire for adoption by WAHO management by June 2015.

Dr. Diagne and I continued to face challenges moving forward activities with the Ebola cross-border team. The team leader of the Ebola cross-border team was only available to meet once during the January-March period, and other team members are no longer actively engaged in the program. To help the team leader better integrate and collaborate with others working in Ebola response within WAHO, we asked the DGA to include him in WAHO's Ebola internal committee. The engagement level of the team leader still remains low, and Dr. Diagne plans to meet with the team leader to discuss the feasibility of achieving the result before the final results workshop, which is currently planned for June 2015.

We also discussed strategies for encouraging WAHO to continue to implement the LDP+ process when addressing other challenges within the workplace. Dr. Diagne will create brief guidelines for how to use the challenge model and apply leadership, management, and governance procedures when working to overcome challenges and achieve results.

- 2) Participate in individual phone calls with the WAHO state focal points and assist the STA in establishing needs' profiles for each of them which will inform the LDP+ participants' selection process.

To select participants for the LDP+ program, LMG/West Africa launched an application process for the program. We wrote the program announcement and application in English and French and worked with WAHO staff to post them on WAHO's website (posted on January 27). Dr. Diagne also emailed the announcement and application directly to state focal points on January 30. This strategy formalized the process of selecting candidates and proved to be more effective in selecting participants for the program than discussing the program with focal points through telephone calls. Focal points from four countries (Benin, Côte d'Ivoire, Guinea, and Liberia) submitted applications. After discussions with the DGA, we decided to also invite the new focal points



from Burkina Faso, Mali, Niger, Nigeria, and Togo, to participate in the program. In total, nine WAHO focal points were selected for participation in the LDP+. Common challenges identified by focal points include balancing their responsibilities as a focal point with other responsibilities in their day-to-day work, difficulties communicating with WAHO staff, the lack of logistical support to complete activities, and the lack of WAHO's visibility in member countries. The proposed dates and location for the 1st workshop are April 1-3, 2015, in Bobo-Dioulasso, Burkina Faso. The workshop will be co-facilitated by Dr. Diagne and a second regional LDP facilitator.

- 3) Prepare, with the STA and the LMG Governance PTA, based in Arlington, the governance profile for WAHO and selected member states, develop governance tools for the WAHO context, and help prepare the 3-day Governance Academy curriculum for WAHO senior management.

Governance profiles for WAHO and selected member states

In December 2014, Dr. Diagne requested assistance from MSH staff working in member states to complete the profiles with ministry of health officials. The MSH team in Nigeria worked with the Nigerian Ministry of Health's Department of Planning Research and Statistics to complete the governance profile for Nigeria at the beginning of January 2015. To date, governance profiles are available for five of the 15 member states (Burkina Faso, Benin, Liberia, Mali, and Nigeria). We shared these profiles with Mahesh Shukla, the LMG Governance PTA based in Arlington, who used this information to prepare for the WAHO governance academy. We followed-up with focal points in March 2015, asking again for their assistance in completing these profiles. The need to continue to develop these profiles for the remaining countries will be assessed during the governance academy.

3-day governance academy

During my trip, Dr. Diagne and I took several steps to prepare for the governance academy. Engaging WAHO staff to commit to the academy was a key priority. We met with the WAHO DG on January 21 during the WAHO annual retreat to discuss the rationale and proposed methodology for the quarter. Following this meeting and with the support of the DG, Dr. Diagne and I worked with the DGA and other WAHO directors to confirm the dates for the academy.

We also met several times with Dr. Shukla, the academy facilitator, to help develop the content of the academy. I provided resources related to the WAHO governance context; and reviewed and provided feedback on the pre-academy questionnaire (included as an annex).

The academy agenda is included as an annex to this report. The team was previously considering the option of conducting the governance academy with two groups: (1) WAHO senior leadership; and (2) family planning leaders from WAHO member states. During a meeting with the DGA, we confirmed that WAHO would prefer to conduct a separate academy with only WAHO senior leadership. WAHO staff invited to participate in the academy include:

1. Dr. Xavier CRESPIAN – Director General
2. Dr. Laurent ASSOGBA – Deputy Director General
3. Dr. Johanna Lucinda AUSTIN BENJAMIN – Director of Primary Health Care
4. Dr. Stanislas KAMBOU – Director of Research and Health Information Systems
5. Mr. Kevin DAVIDSON – Director of Finance and Administration (interim)
6. Mr. Salifou ZOUMA – Director of Planning and Technical Assistance
7. Dr. Faria de Brito CARLOS PEDRO – Director of the Department for Response to Epidemics and other



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT** 
Inspired Leadership. Sound Management. Transparent Governance.

Disease (interim)

8. Pr. Abdoulaye DIALLO – Director of Human Resources (interim)

The governance academy was conducted at WAHO headquarters from March 25-27, 2015.

4) Assist the STA and PTA for LMG/West Africa, based in Arlington, in organizing a preparatory workshop to coordinate partners' technical inputs to structure and frame WAHO's Good Practices Forum in Health; provide technical and administrative support to the forum.

The planning and consensus workshop for the Economic Community of West African States (ECOWAS) Good Practices Forum in Health was held in Bobo-Dioulasso, Burkina Faso, from January 28-30, 2015. WAHO staff, international and regional partners, and technical experts met at WAHO in Bobo-Dioulasso, Burkina Faso, to outline the road map for working with countries and partners to identify and document good practices for regional scale up. Key outcomes of the workshop included reaching consensus on conceptual definitions for good, promising, and innovative practices; defining the criteria for selecting good practices; identifying preliminary good practices in family planning, maternal and child health, and adolescents; and outlining the next steps to prepare for the forum. The agenda, participant list, final report, and document of next steps from the workshop are included as annexes to this report.

- A **Good Practice** is defined as "a process, procedure, tool, principle or experience implementing a program or health intervention, based on evidence (with well-defined criteria) that contributes to improvements in expected results"
- A **Promising Practice** is defined as a practice where "sufficient evidence exists indicating that it can lead to good result, but for which more documentation of successful implementation experiences is required"
- An **Innovative Practice** is defined as "a new practice or approach to improving health programs, at an initial stage of implementation, for which more scientific evidence is required"
- Good practices will be **evaluated using the following criteria**: effectiveness, efficiency, relevance, possibility of replication or scale-up, sustainability, ethical validity/respects human rights, participation of key partners (communities, political engagement, etc.)

To help prepare for the forum, I worked closely with Namoudou Keita, WAHO PO for Primary Health Care, WAHO's internal organizing committee dedicated to the forum, the workshop facilitator, and Dr. Diagne. Specifically, I:

1. Populated and updated the "IBP planification" shared folder on Google Drive with technical and logistical documents to assist partners in preparing for the planning workshop
https://drive.google.com/drive/u/0/#folders/0B57YPuorW_BzR2xoU25fNWIFQzA
2. Participated in two partner calls on January 8 and January 15 to plan for the upcoming workshop (meeting agendas and notes can be accessed on the shared Google drive). I worked with Mr. Keita and Dr. Diagne to define the agenda items for each call and prepared draft meeting notes for distribution.
3. Worked closely with Mr. Keita between partner calls to advance action items within WAHO.
4. Helped identify the facilitator for the workshop, Kristin Cooney (supported by the LMG/West Africa project).
5. Supported the workshop facilitator to revise the workshop agenda based on feedback from partners received during the call on January 8.
6. Participated in a meeting with the WAHO internal organizing committee prior to the workshop to brief staff on updates from partner calls, review the objectives of the planning and consensus workshop, review



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT** 
Inspired Leadership. Sound Management. Transparent Governance.

roles and responsibilities for the committee, and discuss the possibility of conducting an pre- or post-forum session on scale-up. The committee expressed interest in exploring scale-up as a topic in more details during one of these sessions, and decided that further discussions with partners, WAHO management, and ministers of health were necessary.

7. Provided oversight to LMG/West Africa's administrative assistant to organize the logistics of the workshop.

On the last day of the workshop, Sheila Mensah, USAID, met with Ms. Cooney, Dr. Diagne and I, and she expressed her satisfaction with LMG/West Africa's support to WAHO to organize and conduct the workshop. Ms. Cooney suggested that it would be helpful to have one person fully dedicated to working with WAHO to prepare for the forum. LMG/West Africa will continue to follow-up with USAID and WAHO to determine the best way that the project can continue to support WAHO achieve this result.

Following the planning workshop, I participated in several meetings with Mr. Keita and Dr. Diagne to follow up on next steps identified during the workshop. Key outcomes of these meetings included:

1. Confirmed the forum dates and location, scheduled for July 29-31, 2015, in Ouagadougou, Burkina Faso.
2. Met with WAHO internal committee members to review the outcomes of the planning and consensus workshop, the road map leading to the form, and roles and responsibilities of committee members.
3. Finalized and translated the forum's abstract tools (announcement of the form, abstract registration form, and guidelines and oral presentations). I provided additional feedback on the content of the tools and reviewed the English translations. The final versions of these tools are included as annexes to the report.
4. Reviewed and provided feedback on the tool to be used to document good practices.
5. Provided support to working groups in the three technical areas (family planning, maternal and child health, and adolescents) to finalize the matrices of good practices started during the workshop. At the end of my trip, we received completed matrices from the family planning and maternal and child health working groups. After all matrices are finalized, WAHO's internal organizing committee will select the good practices to be documented in member countries with support from WAHO and partners.

In late March, WAHO launched the call for abstracts for the forum (accessible on [WAHO's website](#)). The deadline for submitting abstracts is May 15, 2015.

- 5) Assist in the recruitment and management of a human resources and organizational development consultant

Dr. Diagne and I identified the top three candidates for this position in December 2014. Home office staff (Emmanuel Le Perru, Betsie Frei, and Karen Iacobelli) conducted the 2nd round of interviews for this position the first week of January 2015. Following a debriefing with the home office team, I prepared the selection notes documenting the group's choice. Mr. Jonathan Smith was identified as the preferred candidate. Of the three top candidates, Mr. Smith has more than 35 years of professional experience related to the assignment, including experience working in the region. He also has the most strategic profile, which will be very important, especially when working with WAHO senior management to explore their HR vision and developing a proposed, revised organogram according to organizational priorities. The period of performance for Mr. Smith's assignment is March 16-July 5, 2015.

To prepare for Mr. Smith's arrival, I met with Anne Marie Savage, WAHO PO for Human Resources to discuss the draft outline for his Mr. Smith's work (included as an annex to this report), the list of background documents that will be given to him to orient him to the role, and the necessary meetings that will be scheduled with WAHO staff. Home office staff will be responsible for finalizing Mr. Smith's consultant agreement and arranging his



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT** 
Inspired Leadership. Sound Management. Transparent Governance.

travel logistics.

- 6) Assist in the recruitment and management of an HIS international consultant in charge of supporting the implementation of the regional Health Information System (HIS) policy and strategy.

The ToR for HIS consultant activities was revised several times during the quarter. The original consultant terms of reference (ToR) for this consultancy position included activities related to strengthening WAHO's HIS and M&E units, including establishing one unit that integrates both HIS and M&E functions. During the interview process, it became clear that we needed to hire separate consultants for the HIS and M&E deliverables as the consultant profiles that we received were strong in HIS or M&E, but not both. Also, the timing of the HIS deliverables no longer aligns with the timing of the M&E deliverables. The HIS work will begin work immediately, whereas the timing for the M&E consultant must align with WAHO's planning process for the 2016-2020 strategic plan and annual planning cycle for 2016.

Accordingly, Dr. Diagne and I met with Mr. Tome Ca, the WAHO PO for HIS, at the beginning of February to confirm priority activities for the consultant. The priorities that Mr. Ca outlined during this meeting included: (1) conducting a mapping exercise of the health profiles of member states based on the list of tracer indicators to serve as a baseline for WAHO's 2016-2020 strategic plan; (2) providing technical support to WAHO HIS support staff to launch and manage the web-based data warehouse in identified ECOWAS countries; (3) developing country-specific road maps that outline the necessary steps remaining to have a fully functional data warehouse in each country visited; (4) reviewing the structure of WAHO's web-based data warehouse and make revisions as necessary to the platform; (5) coordinating closely with the WAHO PO for HIS to operationalize and implement the regional HIS policies and platforms; (6) coordinating, with WAHO staff and the University of Oslo, to conduct a training for the WAHO and ECOWAS database managers in the use of District Health Information Software, Version 2 (DHIS 2); and (7) conducting a quality assurance evaluation of data uploaded to the data warehouse in Ghana and Burkina Faso. We also decided that we would need to hire two HIS consultants to best support WAHO in achieving these deliverables in a timely and efficient manner.

Dr. Diagne and I conducted initial interviews for candidates during the month of January 2015 and the three top candidates were recommended for a 2nd interview with home office staff. Mr. Ca, was on vacation during the month of January and was not able to participate in these interviews; however, he confirmed that we could proceed without him. Ms. Frei and Mr. Le Perru conducted the 2nd round of interviews with the three recommended candidates the week of February 9-13, 2015. The final two candidates were selected at the beginning of March 2015 and will begin work the week of March 23. Home office staff will be responsible for finalizing Mr. Smith's consultant agreement and arranging his travel logistics.

During the visit with USAID the week of February 10-13, USAID requested further revisions to the HIS consultant ToRs to better clarify the responsibilities of LMG/West Africa and the WARDS (West Africa Regional Disease Surveillance) to better clarify the technical assistance provided by the two projects to WAHO to strengthen the regional HIS system. On February 16, Dr. Diagne and I met with Mr. Ca and Mr. John Ojo, the M&E Advisor for the WARDS project, to review and revise the ToRs accordingly. LMG/West Africa and the WARDS project's efforts are complimentary, as the WARDS project focuses only on the HIS system with respect to epidemiological data whereas LMG/West Africa's support to strengthen the WAHO HIS system encompasses all health areas included in the HIS system, including but not limited to epidemiological data. We discussed the need for the LMG/West Africa HIS consultant to collaborate with the WARDS project during implementation of project activities. The LMG/West Africa team will share the finalized ToRs (included as annexes to this report) with the project's Agreement Officer's Representative (AOR).



In addition to recruiting the two HIS consultants, Mr. Ca requested funding from LMG/West Africa to implement WAHO's annual meeting of data warehouse managers. We met with Mr. Ca and decided that LMG/West Africa will be able to provide funding for interpretation fees, stationery, meals, and facility rental costs.

7) Assist WAHO's POs for Communication and Advocacy in the implementation of the advocacy plan and communication strategy and support the review of the annual action plan.

To support WAHO in the implementation of its annual advocacy and communication plans, Dr. Diagne and I held two meetings in February 2015 with Kayode Egbeleye, WAHO PO for Advocacy, and Mactor Traore, WAHO PO for Communication, to develop targets for the two plans. During the process of developing annual targets, the WAHO POs for Communication and Advocacy also revised the content and timelines for some of the activities based on current priorities and discussions around the feasibility of certain activities. We shared these plans with Mr. Egbeleye and Mr. Traore for final validation on March 4. The revised plans with annual targets are attached as annexes to this report. As a next step, Dr. Diagne, Mr. Egbeleye and Mr. Traore will share the revised plans with the DG and DGA for validation and request additional funding for implementation, as several of the activities included in these plans are contingent on funding from WAHO that has not yet been confirmed for the year. In the meantime, LMG/West Africa should continue to support Mr. Egbeleye and Mr. Traore in implementing activities that do not require funding.

8) Assist in the recruitment a consultant to identify and secure private sector funding (resource mobilization) to respond to the region's most pressing health priorities

Dr. Diagne and I met with the WAHO Professional Officer for Resource Mobilization at the beginning of January 2015 to discuss and validate the ToR (included as an annex to this report) for this consultancy position. MSH's HR regional partner posted the ToR on January 19, 2015, and the team is in the process of reviewing CVs. The activities that this consultant will implement are priority activities for USAID and WAHO, and if qualified candidates are not identified, the team should consider revising the qualifications and activities in the ToR as necessary so as to not further delay the recruitment.

Other activities completed during my trip included:

- 1) Recruitment of a reproductive health/adolescents and youth consultant: LMG/West Africa is supporting WAHO, in collaboration with the KfW Regional Reproductive Health Program, to develop a guide for establishing national strategies for integrated health services adapted for adolescents and youth in the ECOWAS region through the recruitment of a consultant to lead this work. During my trip I met several times with Yves Mongbo, Cletus Adohinzi, Coordinator for the KfW Regional Reproductive Health Program, and Dr. Diagne to discuss next steps for advancing the activity and recruitment of the consultant. We worked together to finalize the activity ToR and budget, as well as the ToR for the consultant (included as annexes to this report). LMG/West Africa will finance the consultant costs, activity costs related to the situational analysis, and the costs to translate, print, edit, and distribute the final guide. KfW will finance the workshop to finalize the final guide. The consultant ToR was posted on MSH's website the week of February 23. Posting of the ToR on WAHO's website was delayed and had not yet been finalized at the end of my trip. The team is currently reviewing CVs to develop a shortlist of top candidates.
- 2) Attended the WAHO annual staff retreat. The WAHO annual staff retreat took place in Koudougou, Burkina Faso, from January 20-23, 2015. The retreat agenda and the DG's presentation outlining key WAHO priorities for the upcoming year are included as annexes to this report. In preparation for the



retreat, I collaborated with Dr. Diagne to create a document summarizing the priority planned activities for the quarter (January-March 2015) that was discussed with the DG during the retreat (also included as an annex).

- 3) Contributed to the LMG/West Africa quarterly report (October – December, 2014).
- 4) Attended the launch of the USAID-funded Capacity Strengthening Project (CAPS) project and participated in meetings with USAID. A USAID delegation including Rachel Cintron, USAID/West Africa Regional Health Office Director, Sheila Mensah, USAID/West Africa AOR for the CAPS project, and Josephine Kitongo, USAID/West Africa Acquisition Specialist, visited WAHO February 10-13, 2015. The purpose of their visit was to participate in the official launch of the CAPS project and to meet with WAHO and other partners, including LMG/West Africa, to discuss priorities and the implementation of project activities. Dr. Diagne and I attended the launch of the CAPS project. Many of the activities in the CAPS project are complementary to LMG/West Africa’s activities, and effective collaboration between the two projects is necessary to achieve the intended outcomes. Ms. Mensah clarified that LMG/West Africa’s role is to build the capacity of WAHO staff to implement the activities in the CAPS project in areas where LMG/West Africa is also providing technical assistance. Dr. Diagne also met separately with the USAID delegation to provide an update on key project activities and discuss challenges. Project activities supporting WAHO, in collaboration with KfW, in the area of commodity security are delayed. As a result of subsequent discussions with USAID, we agreed with Mr. Adohinzin that work related to the review and revision of the regional reproductive health commodity security strategy should move forward while commodity security assessments are ongoing in the region. Lessons learned from these assessments can be incorporated into the regional strategy once they are completed. LMG/West Africa should continue discussing the feasibility of completing other activities in this area with the project’s AOR.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
1. Confirm the date for the 4 th LDP+ workshop	Abdoulaye Diagne and LDP+ participants	April 2015
2. Continue coaching sessions with LDP+ teams to monitor progression towards their performance targets	Abdoulaye Diagne	Ongoing through results workshop
3. Develop brief guidelines for implementing LDP+ tools and concepts for WAHO staff	Abdoulaye Diagne	June 2015
4. Prepare for and conduct the 1 st LDP+ workshop for WAHO focal points	Abdoulaye Diagne; LDP+ co-facilitator; Raissa Nana	April 1-3, 2015 (completed)
5. Prepare for and conduct the WAHO governance academy with WAHO senior management	Mahesh Shukla, Emmanuel Le Perru, Raissa Nana	March 25-27, 2015 (completed)
6. Continue supporting WAHO to prepare for the Good Practices Forum in Health	Abdoulaye Diagne; full time support	July 29, 2015



	staff (TBD)	
7. Finalize the consultant agreements for the HIS consultants and the HR consultant	Adele Broberg	Prior to the start dates of each agreement (completed)
8. Discuss the revised advocacy and communication plans and budgets with WAHO management and continue with implementation of these plans	Abdoulaye Diagne; Kayode Egbeleye; Moctar Traore	Ongoing
9. Finalize the recruitment of the private sector partnership coordinator consultant	Abdoulaye Diagne	As soon as possible
10. Finalize the recruitment of the reproductive health/adolescents and young consultant	Abdoulaye Diagne	As soon as possible
11. Work with WAHO and KfW to review and revise the reproductive health commodity security strategy	Abdoulaye Diagne	Ongoing

4. Contacts:			
Name	Contact information	Home organization	Notes
Dr. ASSOGBA Laurent	E-mail : lassogba@wahooas.org Tel : (+226) 77 30 06 00 (+226) 76 61 82 49 (secrétariat)	DGA-WAHO	Directeur Général Adjoint
Mr. KAMBOU Stanislas	Email : skambou@wahooas.org Tel : (+226) 74 17 64 64 (+226) 76 30 45 15 (secrétariat)	DRSIS-WAHO	Directeur de la Recherche et du Système d'Information à la Santé
Mr. ZOUMA Salifou	E-mail : szouma@wahooas.org Tel : (+226) 76 50 97 95 (+226) 76 62 32 55 (secrétariat)	DPAT-WAHO	Directeur du Planning et de l'Assistance Technique
Mr. DIALLO Abdoulaye	Email : adiallo@wahooas.org Tel : (+226) 76 68 73 55 (+226) 76 61 82 49 (secrétariat)	DHRD-WAHO	Directeur des Ressources Humaines et du Développement
Dr. METANGMO Pierre Marie	E-mail : pmetangmo@wahoas.org Tel : (+226) 66 51 62 32	Coordonnateur- WARD	Project WARDS (West Africa Regional Disease Surveillance)
Mme AMOUKOU Lalaissa	E-mail : lamoukou@wahooas.org Tel : (+226) 74 21 75 36	Administratrice- WAHO	Member of LDP+ work climate team
Mme SAVAGE Anne Marie Ibrahim	Email : asavage@wahooas.org Tel : (+226) 74 21 75 35	PO- WAHO	Chargé des Ressources Humaines
Dr. KEAR Tarpowah	E-mail : tkear@wahooas.org	PO -WAHO	Pharmacie; Team leader for the

Jeanne Hamon/LMG/West Africa Trip Report/January-March 2015



	Tel : (+226) 66 49 97 35		LDP+ Ebola team
Mr. CA Tomé	Email : tca@wahooas.org Tel : (+226) 74 21 75 33	PO- WAHO	Chargé du Système d'Information Sanitaire
Dr. KEITA Namoudou	Email: nkeita@wahooas.org Tel : (+226) 78 44 80 90	PO- WAHO	Chargé des Soins de Santé Primaires; Member of LDP+ Ebola team
Mr. TRAORE Moctar	E-mail: mtraore@wahooas.org Tel : (+226) 74 21 75 07	PO- WAHO	Chargé de la Communication
Mr. EGBELEYE Kayode	E-mail: kegbeleye@wahooas.org Tel : (+226) 66 23 66 48	PO -WAHO	Chargé du Plaidoyer et de la Communication
Mr. GBAGUIDI Alexandre	Email: lamoukou@wahooas.org Tel: (+226) 74 21 75 36	PO – WAHO	Administration; Team leader for the LDP+ work climate team
Mme DAO Aminata	Email: adao@wahooas.org Tel: (+226) 76 60 36 31	WAHO Documentaliste	Member of LDP+ work climate team
Mr. DINGA Drissa	Email: ddinga@wahooas.org Tel: (+226) 74 16 73 73	WAHO Information Technology	Member of LDP+ work climate team
Dr. LOKOSSOU K. Virgil	Email: vlokossou@wahooas.org Tel: (+226) 64 38 23 59	WAHO Assistant Soins de Santé Primaire	Member of LDP+ work climate team
Mr. ADOHINZIN Cletus	Email: cadohinzin@wahooas.org	KfW	Coordinator for the KfW Regional Reproductive Health Program
Rachel Idowu	Email: rbi0@cdc.gov Tel: (404) 639-3698	Centers for Disease Control and Prevention	CDC Medical Epidemiologist; visited WAHO during the period February 10-13 to participate in the launch of the CAPS project and discuss the creation of the Centre Régional de Surveillance Epidémiologique et de Prévention de la Maladie (CRESP) with WAHO staff
Rachel Cintron	Email: rcintron@usaid.gov Office: +233-302-741-311 Mobile: +233-244-325-972	USAID/West Africa	USAID/West Africa Regional Health Office Director
Sheila Mensah	Email: smensah@usaid.gov Tel: +233 (0) 302-741467	USAID/West Africa	USAID/West Africa Senior Communications, Monitoring and Evaluation Advisor; AOR for the CAPS project
Josephine Kitongo	Email: jkitongo@usaid.gov	USAID/West Africa	USAID/West Africa



		Acquisition Specialist, CAPS project
--	--	--------------------------------------

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
LDP+ Work Climate Questionnaire Final_French	Work climate questionnaire prepared by the LDP+ work climate group	LMG/West Africa files
Application for LDP focal points WAHO_English	Application for the LDP+ for WAHO focal points (part 1)	LMG/West Africa files
Formulaire du program LDP_les points focaux d'OOAS_Francais	Application for the LDP+ for WAHO focal points (part 2)	LMG/West Africa files
Governance profile_Burkina Faso	Governance profile for Burkina Faso	LMG/West Africa files
Governance profile_Benin	Governance profile for Benin	LMG/West Africa files
Governance profile_Liberia	Governance profile for Liberia	LMG/West Africa files
Governance profile_Mali	Governance profile for Mali	LMG/West Africa files
Governance profile_Nigeria	Governance profile for Nigeria	LMG/West Africa files
WAHO governance academy questionnaire_JH edits	Questionnaire developed by Dr. Shukla that was administered to participants of the governance academy before the workshop	LMG/West Africa files
Governance academy schedule_FINAL_English	Schedule for the WAHO governance academy	LMG/West Africa files
Agenda de l'atelier	Agenda for the planning and consensus workshop for the ECOWAS Forum for Good Practices in Health	Google drive: https://drive.google.com/drive/u/0/#folders/0B57YPuorW_BzR2xoU25fNWIFQzA
Participant list_planning and consensus workshop	Participant list for the good practices forum in health planning and consensus workshop	Google drive: https://drive.google.com/drive/u/0/#folders/0B57YPuorW_BzR2xoU25fNWIFQzA



for good practices forum_January 28-30 2015_Bobo-Dioulasso-BF		zA
Rapport_Atelier_OO AS preparatoire du Forum des BP_FINAL	Final report for the planning and consensus workshop for the good practices forum in health	Google drive: https://drive.google.com/drive/u/0/#folders/0B57YPuorW_BzR2xoU25fNWIFQzA
GPF next steps_ENGLISH	Next steps to prepare for the good practices forum in health	Google drive: https://drive.google.com/drive/u/0/#folders/0B57YPuorW_BzR2xoU25fNWIFQzA
Forum announcement_English_FINAL	WAHO announcement for the good practices forum in health	LMG/West Africa files
Abstract registration forum_GPF_2015_Eng_Final	WAHO abstract registration form for the good practices forum in health	LMG/West Africa files
Guidelines_Oral-Posters_presentation_Eng_Final	WAHO presentation guidelines for the good practices forum in health	LMG/West Africa files
Draft timeline for HR consultant	Draft timeline for completion of activities for HR consultant	LMG/West Africa files
Health Information Systems Consultant II_Position 1_FINAL	Final HIS consultant ToR (position 1)	LMG/West Africa files
Health Information Systems Consultant II_Position 2_FINAL	Final HIS consultant ToR (position 2)	LMG/West Africa files
WAHO 2014-2015_Advocacy Strategy Action Plan_Revised March 4 2015	Revised WAHO advocacy strategy action plan	LMG/West Africa files
WAHO 2015 Communication Action Plan_Revised March 4 2015	Revised WAHO communication action plan	LMG/West Africa files
Private Sector Partnership Coordinator_LTТА LMG-WA Dec14-March15_FINAL	Final private sector partnership coordinator consultant ToR	LMG/West Africa files
Budget_TDR pour développement d'un guide SSRAJ_revise	Budget for the activity to develop a guide for establishing national strategies for integrated health services adapted for	LMG/West Africa files

Jeanne Hamon/LMG/West Africa Trip Report/January-March 2015



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**

Inspired Leadership. Sound Management. Transparent Governance.

27 02 2015	adolescents and youth in the ECOWAS region	
Consultant TDR_LMG- WA_SRAJ_ENGLIS H_FINAL	Final reproductive health/adolescents and young consultant ToR (English)	LMG/West Africa files
Consultant TDR_LMG- WA_SRAJ_FRANC AIS_FINAL	Final reproductive health/adolescents and young consultant ToR (French)	LMG/West Africa files
WAHO annual staff retreat agenda_2015	Agenda for the WAHO annual staff retreat, held January 20-23, 2015, in Koudougou, Burkina Faso	LMG/West Africa files
OOAS- Rapport 2014 DG Presentation RETRAITE Janvier 2015	DG's presentation at the annual WAHO staff retreat	LMG/West Africa files
Projet LMG_Activites prioritaires (janvier- mars 2015)	Summary of LMG/West Africa priority activities for the period January-March 2015	LMG/West Africa files
24 March 15_ParlerHealth article_LMG_WAHO	LMG article on the Forum for Good Practices in Health for the USAID ParlerHealth publication	LMG/West Africa files

Annex V: LDP+ Work Climate Team Work Climate Questionnaire

Questionnaire on Working Atmosphere within WAHO

Dear WAHO Colleagues

The survey entitled "Working Atmosphere within WAHO" was conducted by the LDP + group (Leadership Development Program) and aims to collect your views on the working atmosphere prevailing within WAHO. Your answers are kept confidential and anonymous. You will be kept informed on the results and corrective measures to be taken.

Objective

To identify structural items and socio-relational factors that could be a hindrance to better working atmosphere within WAHO

Instructions for filling in the questionnaire

The questionnaire consists of six sections. Regarding instructions for filling in each question, you will have to:

1. Choose an answer on the proposed rating scale
2. Justify the chosen answer by providing specific examples
3. After completing the survey, please send the form in sealed envelope and without any indication to Administrative Assistant MSH / LMG WA (Raïssa NANA), who will forward it to the LDP Team + for review

Important Definitions

Definition of working atmosphere : Each organisation has its own work environment. However, there is an ideal work environment for all organisations. Work environment is the social and physical environment in which staff work. It is also influenced by internal and external factors .

Within the framework of this survey, "work climate" is underpinned by social and relational factors including: Relationships between colleagues, supervisors, and supervisees as well as aspects of motivation, confidence, and work valuation . This definition also includes the Organization's strategies and procedures that impact on behaviour at work .

Definition of internal communication : Within this survey, internal communication means sharing of information within the Organisation through various channels.

Should you have any concerns on any matter please contact the secretariat of MSH / LMG / WAHO project for clarification.

Please check the answer you think most appropriate for you

A - GENERAL INFORMATION

1. Gender

- Male
 Female

2. Which age group do you fall into ?

- Under 25 years
 Between 25 and 34
 Between 35 and 44
 Between 45 and 54
 55 and above

3. How long have you been in the Organisation ?

- Less than 2 years
 2 - 5
 6 - 10
 11 - 15
 More than 15 years

4. Which staff category do you fall into ?

- General services
 Professional
 Director
 Consultant

B - OVERALL ASSESSMENT OF CURRENT WORKING ATMOSPHERE

On a scale of 0 to 4

5. How do you assess the working atmosphere within the Organisation ?

- 0 -very bad
 1 -bad
 2 -fair
 3 -Good
 4 -Very Good

Justify

6. List the three key values to be promoted within the organization, according to you

C – MOTIVATION AT WORK

On a scale of 0 to 4

7. How would you rate your work motivation ?

- 0 -Very bad
- 1 -bad
- 2 -Fair
- 3 -Good
- 4 -Very Good

Justify

8. How would you rate the consideration of your views in decisions (taking into account the relationships with colleagues, supervisors, and supervisees)

- 0 -Very bad
- 1 -Bad
- 2 -Fair
- 3 -Good
- 4 -Very Good

Justify

9. How does your supervisor value your work ?

- 0-None
- 1-Very little
- 2-little
- 3-enough
- 4-Much

Justify

10. To what extent are you satisfied with your work ?

- 0-Never
- 1-Sometimes
- 2- Often
- 3-Very often
- 4-Always

Justify

11. Are you commended for your work ?

- 0-Never
- 1-Sometimes
- 2-Often
- 3-Very Often
- 4-Always

Justify

D – INTER-PERSONAL RELATIONSHIPS

On a scale of 0 to 4

12. What is your assessment of your colleagues' response to your requests in the workplace?

- 0 -Very Bad
- 1 -Bad
- 2 -Fair
- 3 -Good
- 4 -Very Good

Justify

13. Do you work with others to achieve results ?

- 0-Never
- 1-Sometimes
- 2-Often
- 3-Very Often
- 4-Always

Justify

E - PERFORMANCE MANAGEMENT

On a scale of 0 to 4

14. How would you rate the relevance of your annual performance appraisal ?

- 0 -Very Bad
- 1 -Bad
- 2 -Fair
- 3 -Good
- 4 -Very Good

Justify

15. Is the work in your department productive ?

- 0-Never
- 1-Sometimes
- 2-Often
- 3-Very Often
- 4-Always

Justify

16. Are the weaknesses in colleagues' performance identified timely ?

- Very Late
- Late
- Quickly enough
- Quickly
- Very Quickly

Justify

F - ORGANISATION' STRATEGIES AND PROCEDURES

On a scale of 0 to 4

17. How do you assess the level of information sharing within the Organization?

- 0 -Very Bad
- 1 -Bad
- 2 -Fair
- 3 -Good
- 4 -Very Good

Justify

18. How do you assess the way the Organisation considers work/life balance?

- 0 -Very Bad
- 1 -Bad
- 2 -Fair
- 3 -Good
- 4 -Very Good

Justify

19. There is fairness in enforcing Organisation's rules and regulations

- Not at all
- Do not agree
- No opinion
- Agree
- Totally agree

Justify

CONCLUSION

20. If you want to add something (other difficulties that blocks you or others) suggestions for improving the work environment at WAHO, please use the space below .

Thank you for answering this questionnaire in order to contribute to improve the working atmosphere at WAHO.

Thank You !

Annex VI: FBPS Planning Workshop Trip Report

K. Cooney/LMG/Bobo Dioulasso Trip Report/January 25-February 2, 2015



**KRISTIN COONEY
TRIP REPORT
BOBO DIOULASSO, BURKINA FASO**

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Bobo Dioulasso, Burkina Faso
Traveler(s) Name, Role	Kristin Cooney, Director, Country Portfolio, CLM
Dates of travel on trip	January 25-February 2, 2015
Purpose of trip	Work with West African Health Organization and its partners to conduct a regional consensus workshop on best practices in reproductive health and family planning in preparation for the larger regional forum planned for later this year (between June-July 2015)
Objectives/Activities/ Deliverables	<p>Key activities for the trip included the following:</p> <ul style="list-style-type: none"> • Meet with project staff to monitor and review project activities • Facilitate regional consensus workshop on best practices in reproductive health and family planning (January 28-30, 2015)
Background/Context, if appropriate.	<p>The two-year goal of the Leadership, Management and Governance in West Africa Project (LMG/West Africa) is to strengthen the organizational capacity of the West African Health Organization (WAHO) as a regional leader and health systems strengthening resource for member countries. LMG/West Africa achieves this goal through workplace action-oriented training for health leaders and managers in key health system building blocks, and by developing the stewardship capacity of senior leaders through specialized training with long-term mentoring.</p> <p>LMG/West Africa has three main objectives towards this overall goal:</p> <ul style="list-style-type: none"> • Objective 1: Improved leadership, management, and governance practices • Objective 2: Strengthened organizational M&E capacity and regional health information system (HIS) management and implementation oversight • Objective 3: Strengthened capacity in internal and external communication and advocacy <p>LMG/West Africa is building the institutional capacity needed at WAHO to carry out regional health program stewardship effectively in close collaboration with USAID/West Africa implementing partners and direct investments to WAHO. The project proposed a fourth objective related to human resources support to WAHO to assist with Ebola containment and prevention in the region to USAID/West Africa for consideration upon</p>

submission of the Project Year 2 (PY2) workplan on October 4, 2014. However, in December 2014, USAID authorized LMG/WA to proceed with the hiring of just one consultant, a private sector fund mobilization expert to mobilize additional resources to respond to the Ebola outbreak.

The PY2 workplan focuses on the following pillars:

- Support the reorganization and organizational development of WAHO human resources
- Support WAHO to operationalize its health information systems (HIS) policy
- Support WAHO to implement the advocacy and communication strategy developed under the West Africa Leadership and Management Strengthening Program (WA-LEAD)
- Support WAHO to develop regional strategies for reproductive health (RH), family planning (FP) and commodity security through coordination of a forum for best practices in reproductive health

In support of LMG/West Africa workplan activity 1.2.2. and its corresponding activities, "Provide technical support to WAHO in initiating and maintaining knowledge sharing between member countries through the use of best practices from regional networks," the purpose of my visit was to facilitate the preparatory consensus workshop (January 28-30, 2015) for the first annual regional forum on Good Practices in Health, which will be held between June-July 2015 in Ouagadougou, Burkina Faso, focusing on the theme of "ending preventable maternal and child deaths in West Africa— what works in family planning and reproductive health." Good practices will be identified in (1) leadership, management, and governance; (2) health service delivery approaches; (3) sociocultural approaches and advocacy; and (4) scaling up and sustainability of effective practices. The purpose of this workshop was to prepare the basic documents for dissemination to countries that will participate in the forum as well as determine the next steps that need to be taken to prepare successfully for the forum.

2. Major Trip Accomplishments:

Preparation for regional consensus workshop on best practices in reproductive health and family planning:

On January 26-27, I prepared for the consensus workshop, including meeting with the WAHO internal organizing committee, Namoudou Keita, WAHO Professional Officer for Primary Health Care and Health Systems Strengthening, LMG/West Africa senior technical advisor Abdoulaye Diagne, and MSH project officer Jeanne Hamon, as well as skype and face-to-face meetings with Suzanne Reier, Technical Officer, World Health Organization Department of Reproductive Health and Research, Implementing Best Practices Initiative, and her WHO colleague, Åsa Cuzin-Kihl, Technical Officer.

On January 26, 2015, I participated in the second meeting of the WAHO internal organizing committee, which consisted of Namoudou Keita, Abdoulaye Diagne, Jeanne Hamon, Ali Sani, Lalaissa Amoukou (Administrator), Dr. Clementine Sorho-Silue-Kozdi (M&E), Clétus Adohinzin (RH and HIV), Dr. Yves Mongbo, Mr. Joseph Olorunda, Tome Ca, and Virgil Lokossou.

The Director-General (DG) names the internal committee members who help prepare the workshops. The purpose of this meeting was to provide the committee members with an update on the process, where we are in the planning, and to share information; and determine the roles of the members of the committee in the consensus workshop and the forum itself. The group confirmed that the consensus workshop was being funded

by LMG/West Africa. The group noted that the Assistant Director-General (DGA) would normally chair the internal committee but was traveling; we were informed that he would attend the final meeting during the consensus workshop.

The internal committee outlined the three phases in the preparation of the upcoming forum on best practices: (1) preparation (organizing internal meetings to prepare for the consensus meeting, forum, technical documentation, logistics, distribution of tools to the country level, support to countries, etc.); (2) supporting the forum itself; and (3) implementation of activities post-forum (implementing recommendations resulting from forum). The current plan is that WAHO will assist five selected countries with its funding; other countries might be supported as well depending on the availability of other partners (e.g., WHO Implementing Best Practices and others). The internal committee will contribute to the development of indicators for the recommendations that come out of forum and ensure the inclusion of recommendations in the workplans of the different departments at WAHO. Initially, WAHO and its partners hoped that the forum would take place around the Annual Health Ministers' Meeting in Niger, but planning is not sufficiently advanced for that to occur.

On January 8 and January 15, 2015, the internal committee organized teleconferences with WAHO in the lead and with IBP/WHO, and they have had daily e-mail exchanges with IBP and the small organizing group. LMG/West Africa and MSH home office staff participated as well. Other participants include the WHO IBP Secretariat, other NGOs, AGIR-PF, JHPIEGO, Partenariat de Ouagadougou, etc. This group helped identify the participants in the consensus workshop: 11 members of the internal committee; 3 regional experts (WAHO); 11 partners (USAID, Pop Council, AGIR-PF, etc.); and 3 LMG/West Africa staff.

MSH set up a Google drive to set up technical documents, and many documents are already there. The documents will be available in specific files pre- and post-consensus workshop. The organizing committee will decide which documents will be made available based on the final agenda. The group requested that participants register on Google drive and provide additional information on activities in RH and FP. Partners also can add documents to the Google drive.

The team planned to print some documents that will be available to participants during the workshop and can also send some essential documents to the participants ahead of the forum. IBP has provided many documents regarding the identification and documentation of best practices. Partners have documented some best practices and IBP shared some of those as well (which LMG uploaded in the Google drive). These documents include the methodology for scaling up best practices as well as the report from WAHO produced (*La collecte et analyse de données SR/PF au Niveau des Pays Membres de la CEDEAO*), among others. Committee members should share any other relevant documents prior to the start of the consensus workshop.

The consensus workshop is a priority for WAHO: the two teleconferences clarified that WAHO's interest in the workshop is to prepare well for the forum. The draft agenda was circulated a week prior to this meeting, and participants were asked for feedback (although little was received). Many tools will be provided to the countries, but WAHO wants to be clear about which tools will be used to define best practices, identify best practices, write abstracts, document the best practices, and take the best practices to scale. **Note that, due to the adoption of this term at the last annual health ministers' meeting, WAHO uses the French term "*bonne pratique*" (good practice) rather than "*meilleure pratique*" (best practice).** For the consensus workshop, LMG/West Africa provided logistics support as well as supporting the regional experts (three of the four invited actually were able to attend) for the consensus workshop; LMS/West Africa also supported the participation of the facilitator for the meeting.

WAHO noted it had submitted a proposal to USAID for a grant for the forum and expected a definitive response in February. USAID is planning to visit February 10-13. There is also a contribution from ECOWAS, and other partners are interested in this kind of forum, which could increase number of participants in the forum.

The group reviewed how the choice of the 5 priority countries is being made. Partners were requested to submit information on the Google drive on their interventions and where high impact practices are being applied. Five countries will be selected and it is in those five where WAHO will conduct dissemination workshops. All countries will receive information, but 5 countries will be prioritized. The tools submitted will be organized, and during the consensus workshop there will be working groups to review the tools and come up with a consensus on which ones will be used. The report of the consensus workshop will be on the WAHO site prior to the forum, with the materials in the three ECOWAS languages.

The group noted that there are partners interested in organizing a “pre-forum”/“post forum” to the forum linked to topics covered in forum (fostering change, scaling up, implementing); this is part of the funding being requested from USAID as well to help maximize the forum. The forum itself is planned for 3 days. Various partners have been proposing the idea of having a pre- or post-forum session. Normally this is pre-forum. This kind of event would promote more participation. The group noted it would be interesting to deepen knowledge about scale up. The group will make recommendations to the Health Ministers, who would be better able to say if it is feasible to hold the additional meeting. The group discussed potential partners, e.g., IntraHealth, which has not been involved to this point, as well as other partners who are members of IBP and the Ouagadougou Partnership.

Consensus workshop: The workshop was held from January 28-30, 2015. As noted in the context, above, I facilitated the preparatory consensus workshop for the first annual regional forum on Good Practices in Health, which is planned to be held between June-July 2015 in Ouagadougou, Burkina Faso, focusing on the theme of “ending preventable maternal and child deaths in West Africa—what works in family planning and reproductive health.” Good practices will be identified in (1) leadership, management, and governance; (2) health service delivery approaches; (3) sociocultural approaches and advocacy; and (4) scaling up and sustainability of effective practices. The purpose of this workshop was to prepare the basic documents for dissemination to countries that will participate in the forum as well as determine the next steps that need to be taken to prepare successfully for the forum.

Participants in the meeting included the regional technical working group, which includes representatives from national and regional experts, regional and international partners (USAID, WHO, UNICEF, UNFPA, IBP) and members of IBP partners interested in the themes and sub-themes of this first forum. The specific objectives of the workshop were to: (1) come to consensus on the working definition of a good health practice; (2) agree on the key criteria for a good practice in health, whether clinical or institutional; (3) develop a framework for the identification and documentation of good health practices; (4) develop a framework for writing abstracts to document good health practices; (5) achieve a consensus on the key good practices that we want to present at the forum; (6) agree on a joint technical and financial support plan for countries that will participate in the forum and subsequent national dissemination workshops; and 7) finale a schedule of the steps that need to occur leading up to the forum.

The objectives of the workshop were fully realized through plenary sessions and working groups for the 2.5 days of the meeting (see agenda, attached). As the facilitator, I met each day at the end of the day with the IBP team and Namoudou Keita of WAHO to review the day’s objectives and revise/adjust the following day’s agenda to be responsive to the progress made during the day and the needs to keep progressing on the following day. Each day I produced a new working agenda to reflect these changes. Note takers wrote the proceedings of each day and provided them by the end of the day.

On the first day, WAHO set the stage with a presentation of its 2014 situational analysis on family planning and reproductive health, with an identification of gaps for each sub-theme. IBP then launched into the operational definition and criteria for good practices. The first working groups focused on the discussion and revision of the definition and criteria. IBP then presented the high-impact practices (HIPs), to provide some additional reference to the international setting. The next set of working groups focused on developing detailed matrices

on good practices for each theme—maternal health, family planning, and adolescents, with examples from each sub-theme (leadership, management and governance, sociocultural approaches and advocacy, and scale up and sustainability). This exercise took a great deal of time but provided substantive information on good practices that were then presented the following day (and further refined during the rest of the workshop and post-workshop when circulated to members of the regional group who were unable to attend the workshop).

On the second day of the workshop, the working groups from the previous day presented their matrices for comment to the rest of the group. The group made some overall suggestions for adding more experiences in each theme/sub-theme in the region, the need for further documentation on some practices, and the possibility of integrating related themes within these themes (such as violence against women). This session was followed by the plenary bringing together input on the definition and criteria for a good practice to reach consensus. A good practice, defined by consensus, is “a process, procedure, tool, principle, or experience implementing a program or a health intervention, based on evidence (with well-defined criteria) that contributes to improved results.”

The criteria for a good practice reached by consensus are the following :

- Efficacy
- Efficiency
- Relevance
- Possibility of being reproduced or scaled up
- Sustainability
- Ethically valid/respects human rights
- Participation of key partners (community, political engagement, etc.)

The afternoon focused on discussions on documenting good practices followed by group work to review some potential tools for documenting the practices. The revision of tools continued post-workshop and comments are being sent to the team at WAHO and IBP. We also reviewed the abstract and forum announcements and made revisions and suggestions.

On the third day of the workshop, Namoudou Keita reviewed the proposed objectives and format of the good practices forum, followed by a discussion of the steps needed to get from the consensus workshop to the forum. Namoudou emphasized that the documentation and dissemination of good practices in the ECOWAS region has been a priority for WAHO in its strategic plan, which is now in an extension year. Therefore, there has been some delay in achieving this important objective. Therefore, this is now a strong priority and must be achieved this year. As had been discussed earlier in the consensus workshop, WAHO does see that support to 5 selected countries once the practices have been identified is critical to achieving WAHO’s objectives for the ECOWAS region. The group discussed the three main steps, which include the preparation for the forum, the forum itself, and the post-form activities (including identifying indicators to follow up on recommendations made at the forum, engagement of WAHO focal points, etc.)

While there is agreement that the forum will be held in Ouagadougou, a number of potential dates were proposed for the forum, ranging from June to September 2015. The preference would be June or July. Participants in the consensus workshop expressed their concern that the forum be prepared well; therefore, setting dates a little further out would allow for the necessary and higher quality preparation time. The group also discussed civil society participation, involvement of the private sector, development of indicators and a monitoring plan, and support to member countries for follow up after the forum.

The group worked together to identify the next steps and develop a detailed calendar leading up to the forum. The meeting was closed by the DGA, who emphasized his desire that the forum be held in July. WAHO agreed to finalize the draft calendar/roadmap to the forum to share with the participants for further comments and revision.

Debrief with Sheila Mensah, USAID: Abdoulaye Diagne, Jeanne Hamon, and I had a brief meeting at the end of the consensus workshop on January 30, 2015, with Sheila Mensah, who indicated her satisfaction with the organization and implementation of the workshop. We agreed that the follow up leading to the forum is now the priority and that WAHO needs support to ensure that the roadmap is implemented according to schedule. I mentioned to Sheila that it might be helpful to provide WAHO with a full-time person who would work specifically on the follow-up activities between the consensus workshop and the forum to adhere to the calendar and the deadlines that must be met to ensure that all activities occur as planned. Namoudou Keita has expressed his enthusiasm about such support as well. Given that he will not be dedicated to this effort full time during the months leading up to the forum, it may make sense to have someone dedicated full time to the effort.

3. Next steps:

Description of task	Responsible staff	Due date
Complete trip report	K. Cooney	Completed
Finalize calendar of activities (roadmap) to the forum	N. Keita and organizing team	Completed

4. Contacts:

Name	Contact info	Home organization
Please see attached final participant list.		

5. Description of Relevant Documents / Addendums:

File name	Description of file	Location of file
Please see the following link: https://drive.google.com/drive/u/0/#folders/0B57YPuorW_BzR2xoU25fNWIFQzA		
The agenda final agenda and participant list are attached in the annex.		



ATELIER REGIONAL DE CONSENSUS SUR LES BONNES PRATIQUES EN SANTE

FINAL 30 janvier 2015

PREAMBULE

L'OOAS, conformément à sa mission et sa collaboration avec tous les partenaires concernés, a initié un processus d'organisation d'un forum régional annuel sur les Bonnes Pratiques en Santé dont le premier sera organisé entre mai et juin 2015 (à définir) à Ouagadougou au Burkina Faso sur le thème suivant : « Mettre fin aux décès maternels et infantiles évitables en Afrique de l'Ouest - *Qu'est ce qui marche en Santé de la Reproduction et Planification Familiale en matière de :*

- *Leadership, Management et Gouvernance;*
- *Approches d'offre des services de santé;*
- *Approches socioculturelles et plaidoyer;*
- *Mise à l'échelle et durabilité des pratiques efficaces.*

Pour cela, il est prévu d'organiser au préalable un atelier de consensus préparatoire au forum, qui se tiendra du 28 au 30 janvier 2015 au siège de l'OOAS à Bobo-Dioulasso au Burkina Faso.

L'atelier de consensus verra la participation du Groupe Technique Régional de Travail (GTRT) dont les membres sont constitués de représentants d'experts nationaux et régionaux, de partenaires régionaux et internationaux (USAID, OMS, UNICEF, UNFPA, IBP), ainsi que des partenaires membres d'IBP intéressés aux thèmes et sous-thèmes de ce premier forum.

OBJECTIF GENERAL :

Préparer, sur la base d'étapes précises menant au premier Forum des Bonnes Pratiques, les documents de base à disséminer dans les pays, permettant d'identifier, de documenter et de rédiger des abstracts.

OBJECTIFS SPECIFIQUES :

L'atelier devra parvenir à :

1. S'accorder de façon consensuelle sur la définition opératoire d'une bonne pratique en santé,
2. S'accorder sur les critères clés d'une bonne pratique en Santé, qu'il s'agisse d'une pratique clinique ou institutionnelle;
3. Elaborer un canevas d'identification et de documentation d'une bonne pratique en santé;
4. Elaborer un canevas de rédaction d'un abstract sur une bonne pratique documentée;
5. Obtenir un consensus sur les bonnes pratiques essentielles que nous voulons absolument présenter lors du Forum.
6. Convenir d'un plan d'appui conjoint (technique et financier) aux pays participant au Forum : planning des ateliers nationaux;
7. Finaliser un calendrier avec les étapes menant au Forum des BP.

Avec la collaboration des organisations suivantes: USAID, UNFPA, UNICEF, WHO, IBP Initiative, Projet Leadership, Management et Gouvernance (LMG), AGIR-PF



PARTICIPANTS

1. Les membres du Comité interne de l'OOAS sur les BP;
2. Les autres membres du Groupe Technique Régional de Travail (GTRT) dont l'USAID/WA, OMS/IST, UNFPA/WA, UNICEF/Bureau Régional, IBP/Secrétariat;
3. Quelques Membres du consortium IBP.

METHODOLOGIE

- Présentations thématiques;
- Travaux de groupes;
- Plénières à la recherche de consensus.

PROPOSITION D'AGENDA

HEURE	ACTIVITES	INTERVENANTS
	Journée du 28 janvier	
8:30H	Installation des participants	
9:00-9:30H	Ouverture Mot de bienvenue du D-DSSP Mot du Représentant OMS/IBP Mot d'ouverture Représentant OOAS	DG OOAS
9:30-10:00H	Présentation des objectifs de l'atelier Présentation des participants et de l'agenda	Dr Namoudou KEITA Mme Kristin COONEY
10:00-11:00H	Présentation et discussion du rapport d'analyse situationnelle en SR/PF et des écarts (gaps) spécifiques de chaque sous-thème Annonce du thème du 1er Forum BP de la CEDEAO	Dr Yves MONGBO; Clétus ADOHINZIN Dr Namoudou KEITA
11:00-11:15H	PAUSE CAFE	
11:15-13:00H	Discussion sur la définition opérationnelle et critères d'une BP (clinique et institutionnelle) (présentation et travaux de groupes) Présentation : Définition opérationnelle et critères d'une BP Travaux de groupes Plénière consensus sur le concept de BP et les critères y afférents	Mme Suzanne REIER; Mme Asa CUZIN-KIHL; Dr. Namoudou KEITA
13:00-14:00H	PAUSE DEJEUNER	

Avec la collaboration des organisations suivantes: USAID, UNFPA, UNICEF, WHO, IBP Initiative, Projet Leadership, Management et Gouvernance (LMG), AGIR-PF



14:00-16:00H	Discussion sur les bonnes pratiques éprouvées (présentation et travaux de groupes) Présentation : Pratiques à Haut Impact dans la Planification Familiale (HIP) Travaux de groupes par thème : Choix du paquet de BP et les pays disposés à les adopter Préparation des groupes pour la Plénière	Mme Kristin COONEY Mme Suzanne REIER Mme Kristin COONEY Mme Kristin COONEY
16:00-16:30H	Résumé de la journée et présentation de l'agenda pour la 2ème journée	Mme Kristin COONEY



	Journée du 29 janvier	
8:15H	Installation des participants	
8:30-8:45H	Synthèse des discussions du Jour 1	Mme Kristin COONEY
8 :45-11 :00H	Discussion sur les bonnes pratiques éprouvées (présentation et travaux de groupes) (suite) Plénière consensus et discussion sur des bonnes pratiques éprouvées à présenter lors du Forum	Mme Kristin COONEY
11:00-11:15H	PAUSE CAFE	
11 :15-13:15H	Plénière consensus sur le concept de BP et les critères y afférents (suite)	Mme Suzanne REIER
13:15-14:00H	PAUSE DEJEUNER	
14 :00-16 :00H	Présentation d'un canevas d'identification d'une BP : Le but d'une documentation et les types des informations à collecter Travaux de groupe : Analyse d'outils afin de déterminer un consensus Discussions d'amendement du canevas présenté	Mme Suzanne REIER; Mme Asa CUZIN-KIHL
15:30-16:30H	Présentation d'un canevas de rédaction d'un abstract Discussions d'amendement du canevas présenté	Dr Namoudou KEITA
16:30-17:30H	Présentation du format d'annonce de l'appel à abstract Discussions d'amendement du canevas présenté	Dr Namoudou KEITA
17:30-17:45H	Résumé de la journée et présentation de l'agenda pour la 3ème journée	Mme Kristin COONEY

Avec la collaboration des organisations suivantes: USAID, UNFPA, UNICEF, WHO, IBP Initiative, Projet Leadership, Management et Gouvernance (LMG), AGIR-PF



	Journée du 30 janvier	
8:15-8:30H	Installation des participants	
8:30-9:00H	Synthèse des discussions du Jour 2 et exercice	Mme Kristin COONEY
9 :00-10:45H	Discussion sur les objectifs/structure/dates du Forum	Dr Namadou KEITA
10 :45-11:30H	Présentation et discussion sur un plan d'appui aux pays (rôles des parties prenantes) : Plan conjoint l'OOAS-partenaires	Dr Namoudou KEITA
11:30-12:15H	Prochaines étapes menant au Forum	Dr Namoudou KEITA
12:15-12:30H	Cérémonie de Clôture	DG OOAS
12:30H	PAUSE DEJEUNER	
13:15H	Départ des participants	

Avec la collaboration des organisations suivantes: USAID, UNFPA, UNICEF, WHO, IBP Initiative, Projet Leadership, Management et Gouvernance (LMG), AGIR-PF



Atelier préparatoire de consensus au premier forum des bonnes pratiques en Santé de la Reproduction
Workshop consensus preparatory of the first forum of best practices in Reproductive Health
 28-29-30/01/2015 à Bobo-Dioulasso, BURKINA FASO,

LISTE DE PRESENCE DES PARTICIPANTS
DU 29 JANVIER 2015

NO	PRENOM/NOM	ORGANISATION	E-MAIL	PAYS	SIGNATURE
Membres du comité interne de l'OOAS					
1	Dr. Clémentine SORHO-SILUE Kozolo	OOAS	csorho@wahooas.org	Burkina Faso	
2	Mr. Clétus ADOHINZIN	OOAS	cadohinzin@wahooas.org	Burkina Faso	
2	Mr. Joseph OLORUNDA	OOAS	jolorunda@wahooas.org	Burkina Faso	
3	Mrs. Lalaissa AMOUKOU	OOAS	lamoukou@wahooas.org	Burkina Faso	
4	Mr. Moctar TRAORE	OOAS	mtraore@wahooas.org	Burkina Faso	
5	Dr. Namoudou KEITA	OOAS	nkeita@wahooas.org	Burkina Faso	
6	Mr. SANI ALI	OOAS	asani@wahooas.org	Burkina Faso	
7	Mr. Tome CA	OOAS	tca@wahooas.org	Burkina Faso	
8	Dr. Virgil LOKOSSOU	OOAS	vlokossou@wahooas.org	Burkina Faso	
9	Dr. Yves MONGBO	OOAS	ymongbo@wahooas.org	Burkina Faso	
Membres du Groupe Technique Régional de Travail (GTRT)					
Experts					
10	Dr Mamadou KONE	Ministère de la Santé et le Lutte contre le SIDA	konemadu@aviso.ci	COTE D'IVOIRE	

11	Dr Aigbe Gregory OHIHOIN	Institute of Medical Research (NIMR)	Aigbe.ohihoin@yahoo.com	NIGERIA	
12	Prof. Edgard-Marius	IRSP	eouendo@yahoo.fr	BENIN	
Partenaires					
13	Mrs. Salwa BITAR	E2A	sbitar@e2aproject.org	USA	
14	Mrs. Kristin COONEY	MSH/LMG	kcooney@msh.org	CI	
15	Mrs. Suzanne REIER	WHO	reiers@who.int	Suisse	
16	Mrs. Asa CUZIN	WHO	cuzina@who.int	Suisse	
17	Mrs. Rouguiatou DIALLO	AgirPF	rdiallo@engenderhealth.org	Togo	
18	Mr. Andre KOALAGA	AgirPF	AKoalaga@engenderhealth.org	Burkina Faso	
19	Mrs. Nafissatou DIOP	Population Council	ndiop@popcouncil.org	Senegal	
20	Dr. Stanislas Paul NEBIE	jhpiego	Stanislas.Nebie@jhpiego.org	Burkina Faso	
21	Mrs. Marie SOULIE	UNFPA WCARO	soulie@unfpa.org	Senegal	
22	Mrs. Shelia MENSAH	USAID	mensahs@lycos.com	Ghana	
23	Mrs. Olga AGBODJAN-PRINCE	WHO	agbodjanprincea@who.int	Burkina Faso	
LMG					
24	Dr. Abdoulaye DIAGNE	OOAS/MSH/LMG WA	adiagne@msh.org	Senegal	
25	Mrs. Jeanne HAMON	MSH/LMG	jhamon@msh.org	USA	
26	Mrs. Raissa Wendkieta NANA	OOAS/MSH/LMG	rnana@msh.org/ wnana@wahooas.org	Burkina Faso	

Annex VII: FBPS Planning Roadmap

ACTIVITES	DELAI	PAR QUI
<ul style="list-style-type: none"> Partager l'information d'atelier avec les autres partenaires 	Semaine de 2 février	OOAS
<ul style="list-style-type: none"> Finaliser les outils (documentation) 	3 semaines (20 février)	IBP prend le lead et partage avec les partenaires pour le feedback
<ul style="list-style-type: none"> Finaliser les outils (abstract) 	1 semaine (6 février)	OOAS comite interne
<ul style="list-style-type: none"> Traduire les outils dans les 2 autres langues; 	13 février (abstract) 27 février (définition/critère, documentation)	OOAS
<ul style="list-style-type: none"> Validation de la traduction 	3 jours après la finalisation des traductions (3 mars)	OOAS
<ul style="list-style-type: none"> Lancer l'appel à abstract (sites web OOAS et partenaires), journaux pays, lettres aux ministres et points focaux 	4 mars	OOAS, partenaires
<ul style="list-style-type: none"> Choisir les pratiques essentielles (max. 3-5) à documenter (validation avec les autres experts dans le domaine) ; proposer les pays et les partenaires concernés; Valider les pratiques à documenter et les pays proposés. 	Mars	Lead pour chaque thème (PF – AgirFP/Pathfinder ; SMN - Jhpiego/UNFPA; Adolescents/jeunes – OMS/IST/Pathfinder) Co-lead pour les sous-thèmes (LMG – MSH ; Sociocult/plaidoyer - AgirPF/OOAS ; Pass. échelle - IBP ; E2A)
<ul style="list-style-type: none"> Planifier les missions de dissémination des outils et de documentation des pratiques essentielles dans les pays sélectionnés. 	22 Mars-avril	OOAS, Partenaires

<ul style="list-style-type: none"> • Réaliser les missions de dissémination et de documentation des pratiques essentielles dans les pays sélectionnés : <ul style="list-style-type: none"> • Ateliers nationaux de dissémination des outils • Application des outils pour documenter les pratiques essentielles • Rédaction des abstracts 	Avril-mai	OOAS, Points focaux Partenaires
<ul style="list-style-type: none"> • Mettre en place un comité de relecture des abstracts; Valider les critères de sélection; Coordonner la sélection des abstracts, Elaborer et éditer le Journal des abstracts 	Comité établis le délai final (fin mai 2015) La revue/sélection des abstracts (juin 2015)	OOAS, IBP, E2A, LMG/DC
<ul style="list-style-type: none"> • Proposer et valider l'agenda du Forum y compris la préconférence (pendant la une réunion du Groupe technique Régional de Travail (GTRT)) 	juin 2015	OOAS, Partenaires
<ul style="list-style-type: none"> • Organiser une réunion du Groupe technique Régional de Travail (GTRT) : Lieu à déterminer 	juin 2015	OOAS
<ul style="list-style-type: none"> • Préparation administrative et logistique de l'organisation du forum (budget, réservations hôtels, billets, etc.) 	En cours (après la confirmation de la date du forum)	OOAS, Partenaires de préconf.

ACTIVITES	DELAI	PAR QUI
<ul style="list-style-type: none"> Partager l'information d'atelier avec les autres partenaires 	Semaine de 2 février	OOAS
<ul style="list-style-type: none"> Finaliser les outils (documentation) 	3 semaines (20 février)	IBP prend le lead et partage avec les partenaires pour le feedback
<ul style="list-style-type: none"> Finaliser les outils (abstract) 	1 semaine (6 février)	OOAS comite interne
<ul style="list-style-type: none"> Traduire les outils dans les 2 autres langues; 	13 février (abstract) 27 février (définition/critère, documentation)	OOAS
<ul style="list-style-type: none"> Validation de la traduction 	3 jours après la finalisation des traductions (3 mars)	OOAS
<ul style="list-style-type: none"> Lancer l'appel à abstract (sites web OOAS et partenaires), journaux pays, lettres aux ministres et points focaux 	4 mars	OOAS, partenaires
<ul style="list-style-type: none"> Choisir les pratiques essentielles (max. 3-5) à documenter (validation avec les autres experts dans le domaine) ; proposer les pays et les partenaires concernés; Valider les pratiques à documenter et les pays proposés. 	Mars	Lead pour chaque thème (PF – AgirFP/Pathfinder ; SMN - Jhpiego/UNFPA; Adolescents/jeunes – OMS/IST/Pathfinder) Co-lead pour les sous-thèmes (LMG – MSH ; Sociocult/plaidoyer - AgirPF/OOAS ; Pass. échelle - IBP ; E2A)

<ul style="list-style-type: none"> Planifier les missions de dissémination des outils et de documentation des pratiques essentielles dans les pays sélectionnés. 	22 Mars-avril	OOAS, Partenaires
<ul style="list-style-type: none"> Réaliser les missions de dissémination et de documentation des pratiques essentielles dans les pays sélectionnés : <ul style="list-style-type: none"> Ateliers nationaux de dissémination des outils Application des outils pour documenter les pratiques essentielles Rédaction des abstracts 	Avril-mai	OOAS, Points focaux Partenaires
<ul style="list-style-type: none"> Mettre en place un comité de relecture des abstracts; Valider les critères de sélection; Coordonner la sélection des abstracts, Elaborer et éditer le Journal des abstracts 	Comité établis le délai final (fin mai 2015) La revue/sélection des abstracts (juin 2015)	OOAS, IBP, E2A, LMG/DC
<ul style="list-style-type: none"> Proposer et valider l'agenda du Forum y compris la préconférence (pendant la une réunion du Groupe technique Régional de Travail (GTRT)) 	juin 2015	OOAS, Partenaires
<ul style="list-style-type: none"> Organiser une réunion du Groupe technique Régional de Travail (GTRT) : Lieu à déterminer 	juin 2015	OOAS
<ul style="list-style-type: none"> Préparation administrative et logistique de l'organisation du forum (budget, réservations hôtels, billets, etc.) 	En cours (après la confirmation de la date du forum)	OOAS, Partenaires de préconf.

Annex VIII: WAHO Senior Director Governance Development Plan

Plan de l'OOAS pour l'amélioration continue de la Gouvernance de l'institution

Gestionnaire du plan: Dr Xavier CRESPIE, DG de l'OOAS

Période : Avril – Septembre 2015

Interventions	Cibles	Indicateurs	Responsable	Chronogramme					
				Avr.	Mai	Juin	Juil.	Août	Sept
Objectif 1 : Renforcer la responsabilité/ redevabilité au sein de l'OOAS									
1. Instituer les réunions hebdomadaires et trimestrielles des départements pour rendre compte des activités à tous les niveaux en utilisant les outils existants	Tout staff OOAS	# Of departments that hold weekly and quarterly departmental meetings using the existing tools.	DG/Directeurs	X	X	X	X	X	X
2. Evaluer le niveau de mise en œuvre des décisions prises lors des réunions de l'OOAS	DG/Directions	% of decisions implemented	C/DG	X	X	X	X	X	X
3. Organiser systématiquement des réunions entre les départements sur des actions transversales	Directeurs/PO	# Of meetings, events, activities co-organized by two or more WAHO departments.	Directeurs	X	X	X	X	X	X
4. Evaluer à mi-parcours les performances du personnel en vue de renforcer les capacités de chaque agent sur la base de ses insuffisances à accomplir ses tâches	Staff OOAS	% of WAHO staff participating in the mid-term performance evaluation scoring at least 75% or "Satisfactory" rating.	DG/Directeurs/PO			X			
5. Alimenter le site web de l'OOAS avec toutes les informations pertinentes en temps réel	Staff OOAS / Public extérieur	# of articles published on time on the WAHO website.	PO. Communication /Webmaster	X	X	X	X	X	X
6. Utiliser le SAP comme tableau de bord pour évaluer les niveaux de consommation des ressources des différents départements	Direction Générale	# of evaluation reports on WAHO departments generated by the SAP.	DG/Directeurs			X			X

7. Mettre en œuvre les recommandations du rapport sur le climat de travail (LDP+) à l'OOAS	Staff OOAS	% of recommendations implemented	DG/Directeurs		X	X	X	X	X
Objectif 2 : Impliquer toutes les parties prenantes de l'OOAS									
8. Organiser des visites de terrain (pays) pour la collecte des informations stratégiques pour l'élaboration du plan stratégique 2016-2020	Pays membres	# of member countries visited by WAHO staff for SI collection and who provided the required information for the 2016-2020 Strategic Plan	DGA	X	X				
9. Organiser des réunions d'examen de la version 0 du plan stratégique 2016-2020	Toutes parties prenantes	# of review meetings organized for the Strategic Plan 2016-2020.	DGA		X				
10. Organiser une AMS extraordinaire pour l'adoption du plan finalisé	Etats membres/ partenaires/ OOAS	2016-2020 Strategic Plan adopted by a special AMS.	DG					X	
11. Organiser une table ronde de mobilisation de ressources pour la mise en œuvre du plan	Partenaires	% of resource mobilized	DPAT						X
12. Organiser la réunion semestrielle de revue des projets et programmes	Staff OOAS/ Partenaires	# of review conducted	DPAT		X (>12/5/15)				
13. Evaluer les pratiques de gouvernance dans trois (3) pays membres (considérés comme pays pilotes)	OOAS/ 3 Pays membres	# of member countries in which gaps in terms of governance at all levels have been identified.	DG/LMG			X			
14. Organiser un atelier de renforcement des capacités de gouvernance des cadres du ministère de la santé (niveau central) de chacun des 3 pays	Cadres des 3 pays membres	# of Governing bodies trained to fill identified gaps in IT Governance	DG/LMG						X
Objectif 3 : Etablir une orientation stratégique commune									
15. Finaliser et restituer l'évaluation externe du plan stratégique 2009-2013	OOAS/ CIP	Restitution and finalization of the external evaluation of the 2009-2013 Strategic Plan conducted.	CIP	X					
16. Mettre en place un comité interne de	Staff OOAS	An internal planning committee (IPC)	DG	X					

planification (CIP) pour piloter l'élaboration du plan stratégique 2016-2020		established and leading the development of the 2016-2020 strategic plan.								
17. Elaborer et valider les outils méthodologiques	Staff OOAS	# of methodological tools developed and validated.	CIP	X						
18. Collecter et analyser les informations pertinentes	Staff OOAS	Relevant information collected and analyzed.	CIP	X						
Objectif 4 : Assurer une bonne gestion des ressources										
19. Mettre en application les logiciels ResHum et SAP	Staff OOAS	# of WAHO departments using the ResHum software and SAP.	DG/DAF		X	X	X	X	X	X
20. Finaliser le Manuel de Procédures administratives et financières de l'OOAS	Staff OOAS	WAHO Administrative and financial procedures manual available	DAF				X			
Objectif 5 : Améliorer de façon continue la gouvernance										
21. Mettre en pratique l'outil d'auto évaluation de l'instance décisionnaire de la Gouvernance	Directeurs	Self-evaluation tool for decision-making body of Governance available.	DG	X	X	X	X	X	X	X
22. Mettre en œuvre le plan de communication de l'OOAS (interne /externe)	Tout staff/ Partenaires et PP	# of WAHO communication with partners and PP based on the WAHO communication plan.	PO. C&P		X					
23. Organiser une réunion de revue à mi-parcours du Plan d'Action de gouvernance	DG/Directeurs	# of activities accomplished in the quarter	DG				X			

Annex IX: Finalized Communications and Advocacy Plans



Plan d'action de communication, OOAS 2015

Implementer : Moctar Traore PO Communication

Le Plan d'action de communication de l'OOAS, 2015																
Objectifs, outils et tactiques	Public cible	Personne (s) responsable (s)	2015												Budget	Target de l'année
			J	F	M	A	M	J	J	A	S	O	N	D		
Objectif 1: Promouvoir la communication et l'échange de connaissances internes																
1.1 Améliorer le système de fichiers partagés	Le personnel interne	Unité informatique, professionnels travaillant avec leurs Directeurs ; PO Communication				X										Collecter toutes les deux semaines par les secrétaires des informations prioritaires à poster sur intranet
1.2 Etablir un calendrier interne partagé des événements prioritaires <ul style="list-style-type: none"> - Inviter les # départements à donner le calendrier annuel des événements nécessitant la présence de la DG - Compiler les différents calendriers - Faire un arbitrage avec les statutaires 	Le personnel interne Secrétaires Intranet à créer	Webmaster, unité informatique, Secrétariat de chaque département				X	X	X	X	X	X	X	X	X	Alimenter l'intranet au niveau de l'OOAS. Former le personnel à l'utiliser.	
1.3 Appuyer les déplacements des PO Com/Adv. dans les activités mettant en œuvre les stratégies de communication/ Plaidoyer de l'OOAS	Le personnel interne et Les Parties prenantes externes	Les Chargés de Plaidoyer & de Communication ; Les POs et chefs de départements	X	X	X	X	X	X	X	X	X	X	X	X	Au moins 5 principales activités de l'OOAS seront rendu visibles par mois (60 activités)	
1.4 Organiser 2 réunions de "L'ensemble du personnel de l'OOAS" par année	Le personnel interne	Le bureau du DG avec suggestion des PO Plaidoyer/Communication	X						X						2 réunions	

Objectif 2: Communiquer régulièrement avec les principales parties prenantes			J	F	M	A	M	J	J	A	S	O	N	D	
2.1 Elaborer et diffuser un bulletin d'information électronique semestrielle incluant si disponible des articles des PO selon leurs domaines d'influence. (à terme journal d'envergure régionale)	Toutes les principales parties prenantes	Les Chargés de Plaidoyer et de Communication,				X						X			2 bulletins d'information électroniques
2.2 Elaborer, produire et disséminer les dossiers d'information (outils de promotion)	Les groupes d'intervenants ciblés	Les Chargés de Plaidoyer et de Communication, avec contribution des départements				X					X				2 outils de promotion relative aux travaux des deux départements (DLME et SIS)
2.3 Rendre le site Web plus attractif et l'actualiser avec des nouvelles, des événements, des rapports périodiques et des liens vers les partenaires	Toutes les principales parties prenantes	Webmaster, unité informatique, Chargés de Plaidoyer & de Comm. en collaboration avec le personnel de programmes	X	X	X	X	X	X	X	X	X	X	X	X	Au moins 3 articles seront poste sur le site web de l'OOAS par mois (36 dans l'année)
Objectif 3: Etablir et maintenir des relations dynamiques avec les media et promouvoir les activités de l'OOAS			J	F	M	A	M	J	J	A	S	O	N	D	
3.1 Développer une liste des contacts pour les chargés de communication des Ministères de la Santé, la presse des pays membres	La presse régionale et internationale	Les Chargés de Plaidoyer et de Communication	X	X	X	X	X	X	X	X	X	X	X	X	Une liste des contacts développée et mise à jour au besoin
3.2 Partager les informations prioritaires, y compris les réussites de l'OOAS, avec les principaux media régionaux et	La presse régionale et internationale	Les Chargés de Plaidoyer et de Communication	X	X	X	X	X	X	X	X	X	X	X	X	2 communiqués de presse tous les trimestres



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**

Inspired Leadership. Sound Management. Transparent Governance.



international																	
3.2 Soumettre régulièrement des articles aux revues scientifiques et de santé à partir de ceux valides en 2.1	Les communautés scientifiques et académiques de santé	Les Chargés de programme, en collaboration avec les Chargés de Plaidoyer/Communication					X						X				2 articles
3.3 Mettre en place une photothèque/vidéothèque interne pour le partage des fichiers (en vue de la recherche documentaire + logiciel approprié en place avec formation des PO)	Le personnel de l'OOAS et toutes les principales parties prenantes ciblées	Les Chargés de Plaidoyer & de Communication, les contributions des professionnels	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Photothèque/vidéothèque sont disponibles et mise à jour régulièrement
3.4 Développer un plan de "branding and marketing" pour l'OOAS	Toutes les principales parties prenantes ; le population régionale	Les Chargés de Plaidoyer & de Communication ; OOAS management					X										Un plan de « branding and marketing » pour l'OOAS développé

Annex X: Assembly of Health Ministers Trip Report

K. Cooney/LMG/West Africa Trip Report/March 10-14, 2015



**KRISTIN COONEY
TRIP REPORT – Niamey, Niger**

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Niamey, Niger
Traveler(s) Name, Role	Kristin Cooney, Director, Country Portfolio, Center for Leadership and Management (CLM)
Dates of travel	March 10-15, 2015
Purpose of trip	To attend the 7 th Economic Community of West African States (ECOWAS) Health Partners’ Forum (March 12) and the 16 th Ordinary Session of the Assembly of Health Ministers of ECOWAS (March 13).
Objectives/Activities/ Deliverables	<p>Specific objectives of the partners’ forum meeting included:</p> <ul style="list-style-type: none"> a) Review update relative to the Ebola Virus Disease (EVD) and the overall process for revitalizing the health systems of the three countries heavily affected by the epidemic b) Review the thematic groups set up for the revitalization of the health systems of the three countries heavily affected by the EVD epidemic c) Update the terms of reference of the Partners’ Forum <p>Specific objectives for the annual assembly of health ministers, which had as its theme “Health Systems Strengthening and Management of Epidemics in the ECOWAS region: Lessons learned from the Ebola Virus Disease Epidemic Management” included the following:</p> <ul style="list-style-type: none"> a) Review and approve the West African Health Organization’s (WAHO) annual activities report b) Review and adopt the committee of health experts and partners forum reports and recommendations c) Propose dates and venue of the next meeting d) Closed door session: consultation on common health or institutional issues relative to WAHO <p>Deliverables for both meetings included meeting reports that were validated and approved by ECOWAS health ministers for implementation. These are attached as annexes to this trip report.</p>
Background/Context, if appropriate.	The two-year goal of the Leadership, Management and Governance in West Africa Project (LMG/West Africa) is to strengthen the organizational capacity of the West African Health Organization (WAHO) as a regional leader and health systems strengthening resource for member countries. LMG/West Africa achieves this goal through workplace action-oriented training for health leaders and managers in key health system building blocks, and by

	<p>developing the stewardship capacity of senior leaders through specialized training with long-term mentoring.</p> <p>LMG/West Africa has three main objectives towards this overall goal:</p> <ul style="list-style-type: none"> ▪ Objective 1: Improved leadership, management, and governance practices ▪ Objective 2: Strengthened organizational M&E capacity and regional health information system (HIS) management and implementation oversight ▪ Objective 3: Strengthened capacity in internal and external communication and advocacy <p>LMG/West Africa is building the institutional capacity needed at WAHO to carry out regional health program stewardship effectively in close collaboration with USAID/West Africa implementing partners and direct investments to WAHO.</p>
--	---

2. Major Trip Accomplishments:

ECOWAS Partners’ Forum: I attended the meeting on March 12, 2015, at the Gaweeye Hotel. My notes from this meeting are included as Annex A. The agenda is located in Annex B. This meeting, as well as the ECOWAS Health Ministers’ Meeting, was also attended by the LMG/West Africa Senior Technical Advisor-Institutional Capacity Building, Dr. Abdoulaye Diagne, who is seconded to WAHO in Bobo Dioulasso and who worked with WAHO to prepare for this series of meetings in Niamey. MSH was requested to write the report for the Partners’ Forum for presentation to the Ministers of Health at their meeting. The report is attached in Annex E. (*Note: There was also a Ministry of Health (MOH) Experts’ Meeting held prior to my arrival which Dr. Diagne attended and which will be discussed in his Trip Report.*)

While the report from the Partners’ Forum and my notes are attached and include highlights from the meeting, a number of issues were raised during the discussion are of particular significance both for LMG/West Africa support and for WAHO’s future planning. For example, during the discussion of the presentation on “rebuilding resilient health systems post-Ebola,” participants focused attention on the findings of the Ebola recovery assessment that point to the importance of governance as a factor in the failure of the affected health systems to deal effectively with the Ebola outbreak. Participants agreed that going forward we need to send a strong message on governance. The health sector needs stronger governance. We have to address it. One aspect is intrasectoral/intersectoral coordination, particularly between state and non-state actors, and public vs. private. We cannot treat non-state actors as bystanders, but there is distrust of non-state actors—e.g., academics. Another aspect is governance in terms of regulation; this is bigger than Ebola. Regulations have not been revised in most countries since independence. Some of the rules governing this sector are more than 100 years old. There is resistance to changing. Regulatory boards controlling standards either do not exist or do not have funding. When they do work, it is to close a few private facilities. As one participant said, “let us focus on governance—we cannot get away without it.” One colleague from WHO added that when we look at developing national plans, governance comes up very high. When we look at the building blocks of the health system, governance is critical. There are a lot of political implications, which can be very frustrating to those of us working in the health sector because, at the end of the day, there are many agendas. Political agendas tend to be short, but building health systems is a long endeavor. A politician looking at being in place a few years may not always care that building a strong health force takes 10 years. Those of us working in health need to be sitting at the right tables—e.g., parliament, etc.—to be part of the decision making process.

WAHO is aware of the importance of this topic; the DG has been strongly engaged in organizing with LMG/West Africa a governance workshop to assist WAHO the organization in implementing practices of good governance and developing a governance plan that will guide their next strategic planning process (2016-2020).

Participants also noted that Ebola is a wake-up call for the region to address its weak health systems, not just for the three countries that were most affected by the crisis. Partners had specific recommendations for the role that WAHO can play going forward, including but not limited to the following:

- Support countries to ensure that their governance systems are more aligned with the current context of demographic transition and the well-being of the populations of the region, recognizing that governance is a priority and includes coordination among all stakeholders in the system as well legal and regulatory frameworks related to health.
- Support the countries in the region to develop urban health policies. Although some national health plans contain some elements of urban health, they need more attention to implementation. This is a multidisciplinary commitment that falls under WAHO's mandate to help strengthen the health systems of its member countries.
- Assist countries to develop strong leadership to meet the challenges of population growth, equity, universal health care, and related health issues that will help prevent future crises such as the current Ebola outbreak.
- Help the member states understand the lessons of the Ebola outbreak to help renew the way that they work: help to identify and use new approaches and technologies available and take them to scale, and help countries to identify donors who are interested in working in these areas.
- Work more closely with partners to better fit into the next strategic plan, and involve key stakeholders in that planning process
- Help member states prepare for upcoming meetings where they can influence decision making on the health sector, providing them with concrete and specific recommendations and topics for discussion, not just a "laundry list."

Many of these priorities align with the current assistance LMG/West Africa is providing with USAID support (governance, leadership and management, resource mobilization, and health information system strengthening), as well as with the USAID/West Africa direct agreement with WAHO. However, there are additional ideas for focusing and strengthening that support.

ECOWAS Health Ministers' Meeting: I attended the meeting on March 13, 2015, also at the Gaweye Hotel in Niamey. My notes from this meeting are included in Annex A, following the notes on the ECOWAS Partners' Forum. The agenda is located in Annex B. The final report and communiqué from the meeting are included in Annexes C and D, and the full participant list from both the Partners' Forum and the Health Ministers' Meeting is located in Annex F. The main highlights of the meeting are reviewed in the final communiqué attached in Annex D.

Generally speaking, the Ministers' Meeting was shorter than it has been in past years, with a good part of the day focused on the ceremony welcoming the group to Niger and a closed-door session restricted to the Ministers and their representatives.

The Ministers made recommendations to the WAHO member states as follows:

- Strengthen advocacy with the Governments of member states for the provision of more financial resources for WAHO
- Support WAHO in playing its leadership role in health within the ECOWAS region
- Take on more ownership of appropriate WAHO interventions

- Increase advocacy with respective governments to strengthen the operational capacity of WAHO through the recruitment of adequate staff
- Develop appropriate plans for rebuilding health systems in countries affected by the Ebola Virus epidemic, in view of upcoming meetings (April and May 2015) to be sponsored by the World Bank and the General Secretariat of the United Nations, respectively.

The Ministers recommended that WAHO capitalize on the lessons learned during the Ebola Virus Outbreak by sharing them more widely, as well as strengthening the coordination of the interventions of health partners in the region (including those in response to the outbreak). They appreciated the update on the evolution of the virus presented by WAHO’s Director of the Department of Fight against Disease and Epidemics, Dr. Carlos Brito.

Regarding the report of the partners’ meeting, the Ministers commended the partners for their continued support to strengthen the health of the ECOWAS countries, and asked that they deepen these partnerships with WAHO to help all obtain better results. The Ministers also adopted the 2014 annual report of the Directorate General of WAHO.

The Assembly of Ministers adopted the following draft resolutions proposed by the Committee of Experts:

- Standardized training curricula for professional pharmacists and pharmacy assistants in the ECOWAS member states
- Harmonized training curricula for associated health disciplines in the ECOWAS region
- Regional Plan for the control and elimination of malaria in ECOWAS
- Method of calculation of the 15% contribution mandated by the Abuja Declaration
- Regional Pharmaceutical Plan.

Finally, the Ministers agreed that the 2016 Annual Health Assembly would be held in Guinea Bissau, on dates to be determined at a later time in coordination with the member states.

Meetings with Abdoulaye Diagne, LMG/West Africa Senior Technical Advisor: I checked in with Abdoulaye about progress in a number of areas. One activity that appears to have stalled is the governance survey with the WAHO directors, which is a key deliverable prior to the workshop that will be held next month. Abdoulaye felt that the directors were pulled off on preparation for the Ministers’ meeting, and he will need to quickly work with them next week to complete the surveys prior to the arrival of the team in country to conduct the governance activity (mentioned above under the Partners’ Forum).

We also noted the importance of keeping the momentum moving forward for the good practices forum in late July. I spoke with Namadou Keita of WAHO regarding this event, and he reiterated his request for technical assistance from LMG/West Africa to assign a staff member to continue supporting the forum preparation.

Meeting with Rachel Cintron, USAID: Although we did not hold a formal meeting, I spoke with Rachel Cintron, USAID Regional Health Office Director, on several occasions during the course of the WAHO meeting. One topic of particular interest was supporting WAHO’s upcoming good practices forum in late July and ensuring that the calendar for the preparation is respected.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Complete trip report	K. Cooney	completed

4. Contacts: List key individuals contacted during your trip, including the contacts’ organization, and all contact information.

Name	Contact info	Home organization
Xavier Crespin	WAHO 01 BP 153 Bobo-Dioulasso 01 BURKINA FASO Tel: +226 20 97 57 75 Fax: +226 20 97 57 72 E-mail: xcrespin@wahooas.org	Director-General
Laurent Assogba	WAHO 01 BP 153 Bobo-Dioulasso 01 BURKINA FASO Tel: +226 20 97 57 75 Fax: +226 20 97 57 72 E-mail: lassogba@wahooas.org	Deputy Director-General
Johanna Austin Benjamin	WAHO 01 BP 153 Bobo-Dioulasso 01 BURKINA FASO Tel: +226 20 97 57 75 Fax: +226 20 97 57 72 E-mail: jaustin@wahooas.org	Director, Primary Health Care
Rachel Cintron	USAID/West Africa No. 24 Fourth Circular Road Cantonments P.O. Box 1630 Accra, Ghana Email: rcintron@usaid.gov	Regional Health Office Director
See participant list, attached.		

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Notes, agendas, final communiqué and participant lists from Partners' Forum and Health Ministers' Sessions	Pdf and word documents	Attached, Annexes A (personal notes), B (agendas), C (final report of Health Ministers' Sessions), D (final communique of Health Ministers' Sessions, E (final report of partners' meeting), and F (participant list)
Presentations from Partners' meeting	PowerPoints	Available upon request

Annex A
**Personal Notes from ECOWAS 7th Forum of Health Partners and
16th Ordinary Session of the Assembly of Health Ministers of ECOWAS**

**West African Health Organization (WAHO)
Health Partners' Forum
March 12, 2015**

****These are personal notes on the meeting: language may be "telegraphic"****

Session 1: Opening Ceremony

The meeting was opened by the WHO/Regional representative, and the DGA of WAHO introduced the DG of WAHO, who provided opening remarks. The DG noted that WAHO was grateful to WHO, which agreed to be the leader of the session for this year, and UNICEF, for preparing presentations for the themes of this forum. He also thanked other partners as well for participating and working with the ECOWAS countries for the development of the health systems of their countries.

Access to health is a universal right and an essential objective for development. The ECOWAS countries are deeply affected by the Ebola Virus Disease (EVD) outbreak. This meeting falls at an important moment as WAHO is preparing its strategy for 2016-2020. This is the time to review our collaboration, particularly in the face of epidemics and the development of our health systems. Emerging illnesses are challenging our systems. This is the reason for this year's theme. This enables us to examine important questions about EVD, with an accent on infrastructure, water and sanitation, vaccines and medications.

Election of bureau: WAHO requested that AMP and MSH serve as rapporteurs, assisted by WAHO staff.

Review of agenda: A number of short presentations were added, so UNICEF and WHO were respectfully requested to shorten their presentations. The agenda was adopted with these changes.

Session 2: Presentations on strengthening the health systems and the Ebola Virus Disease

General presentation on the update relative to the Ebola Virus Disease (EVD) and the overall process for revitalizing the health systems of the three countries heavily affected by the epidemic (**WHO**)

EVD in West Africa: General situation of the epidemic (WHO) Innocent Nzimana

Introduction

- 40-90% mortality rate, transmitted through direct contact
- 1,580 deaths since 1976, of 2,420 people infected in rural villages (just to give an idea of the magnitude of the current outbreak)
- Current epidemic much more intense: 24,000 cases, 10,000 deaths, 11 March 2015
- Highest risk to health workers, parents and relatives, and people with direct contact with dead
- Can be controlled through strict measures

Epidemic

- Started in Guinea, December 2013; not confirmed until March, when Liberia also notified its first case, as well as Sierra Leone in May; 23 July Nigeria; Senegal 23 August
- In the last week, 116 new cases confirmed, versus 132 the previous week: 58 in Guinea, 0 in Liberia, 8 in Sierra Leone. This is the second consecutive week of no cases for Liberia.
- New cases in Guinea and Sierra Leone are in a limited geographic area, with 11 districts affected
- 13 unsafe burials notified in Guinea and 2 in Sierra Leone
- 24,282 total cases, 9,976 dead, 41.1% fatality
- Sierra Leone 11,619 cases
- 9,343 cases Liberia; 3,285 cases Guinea

Geographical distribution arc between Sierra Leone and Guinea

- Liberia—16 days since last notified case
- MVE and health personnel in 3 countries most affected
- Guinea 173/90 deaths, 52% fatality
- Guinea—increase in notified cases last week, concentrated in Conakry (58 cases in last 7 days through 8 March, vs. 51 cases the preceding week)
- 8 treatment centers, 7 laboratories
- Liberia, no cases in last week
- Total of 102 contacts currently being followed
- 90 cases suspected last week, none tested positive
- 18 treatment centers, 5 laboratories
- Sierra Leone, cases going down
- 58 cases notified last week, 81 the week before
- First time incidence has not been greater than Guinea's
- 20 treatment centers, 13 laboratories

Evaluation of risk

- Serious epidemic, largest to date in the world
- Complex transmission documented—rural, urban, etc.

Response

- Surveillance, management of data, lab
- Logistics and security
- Social mobilization and communication
- Coordination and strong leadership
- Activation of response committees
- Development of response plan
- Deployment of more than 500 experts, provision of FAUSP funds

Lessons learned

- First EVD epidemic to hit large cities, size of epidemic
- Sensitization of communities, beliefs and cultural practices playing a grant role, fear, denial, aggressiveness
- Weak capacity of health systems
- National leadership and coordination very important
- International travel restrictions not helpful
- Equality and development
- Prevention possible
- Preparation of response
- Key for countries not yet affected
- Early detection adequate care and support
- Rapid control, prevention
- Control checklist with 12 components, global coordination, rapid intervention teams, sensitization of public, etc.

Problems/challenges

- Evolution to case 0 in affected countries
- Keep countries not affected in respect of international health laws
- Reconstruction of health systems in affected countries
- Reinforce analysis of risk and epidemic response preparation
- Community resistance
- Weak intersectoral collaboration
- Health systems weak

Rebuilding resilient health systems post-Ebola (M Ekeke Monono)

Introduction

- Previous presenter noted some of the same facts: the outbreak began in Guinea on 26 Dec 2013—at the time it was mysterious and was not identified as Ebola until 21 March 2014.
- Most complex, longest outbreak. First such outbreak in West Africa. First to have ongoing simultaneous outbreaks in multiple countries, rural and urban, with imported cases in several countries

Initiatives

- High-level meeting on building resilient systems for health in Ebola-affected countries 10-11 Dec 2014, Geneva: identify the main constraints and challenges faced by countries in rebuilding and developing more resilient health systems, identify medium and long-term solutions, discuss roles and responsibilities
- National governments should take leadership, partners should follow (IHP+), build core capacities, IHR, PHC and UHC; health services should be comprehensive and responsive, enhance community trust, engagement, ownership, cross-sectoral; medium term, need predictable and routed through government systems financing, accountability; convene follow up consultations to review, revise, and cost national plans, develop regional system to enable implementation of IHR core capacities, consider Marshall plan for rebuilding resilient health systems, coordination financial support in line with IHP+ principles
- Ebola Recovery Assessment –culminating in the “from emergency to recovery conference” – Brussels, March 2015
- Call by UN SG and governments of affected countries; an international team conducted assessment to contribute toward laying foundation for recovery while emergency response continued to tackle the epidemic
- First meeting was focused on health sector, while second initiative was much larger

Recovery assessment

- What pre-Ebola structural conditions and practices facilitated the rapid spread?
- Direct impact on structures and systems
- Four thematic working groups established
- Health nutrition and WASH, Governance, etc.
- Critical recovery priorities
- Main findings
 - Factors that increased vulnerability: weakness of national health systems, poor citizen access to basic services, unsafe practice of traditional rites, fragility, over-centralized governance, weak government-society relations

- Effects on health systems: devastated already-fragile systems, health workers became ill/died, fatalities included professionals with leadership, management, supervisory, and training responsibilities, non-Ebola morbidity and mortality increased as resources were diverted.
 - Socio-economic impact: lost employment, agricultural field abandoned, education-5M children stopped schools, finances of governments reduced—income and expenditure
 - Indications of severe decline in economic growth—lost income of 1.5B US
 - Key messages from ERA: containment first priority, nationally led strategies, restoring and strengthening capacity, use existing assets, promote sustainability, prioritize most vulnerable, inclusiveness and community engagement, promote national ownership and use country systems, nurture positive social behaviors (hand washing was not the norm, now almost a reflex)
 - Parallel systems weaken country systems
- Regional dimensions: establishing, developing, and sustaining a regional integrated disease surveillance, network in W. Africa to be able to detect, identify, confirm, and report data, strengthen early warning and regional response systems, including ECOWAS countries, regional collaboration in health workforce capacity building
 - Country-level work: multi-stakeholder consultations, assessment refined and updated, essential health packages updates, recovery plans being developed in SL, already developed in Guinea and Liberia, costing exercise, next wave of stakeholder consultations to be held in March through 26 March
 - Content of country level: PHC approach, strengthening of sub-national systems—districts, counties, emphasis on community engagement, ownership, inclusion of surveillance, preparedness, and responses, attention to governance—basic failures of system have to do with governance, sub-regional elements—cross border and other activities on more routine basis
 - Issues: the recovery plans have different timeframes-Guinea 3 year, then NHDP; SL-better implement BPEHS, NHDP; Liberia 10 year plan; transition plans not well described. Parallel structures, managing response and recovery—urgent need to bring both streams of work together for a smooth transition; Health, nutrition, and WASH in ERA process-risk of dilution as health not generally represented in high-level funding meetings (finance, economy and planning deal with funding institutions, health not always represented) May not have the right advocates if those representing countries not sufficiently briefed. Health is the primary cause of the rest of the socioeconomic problems associated with EVD. Don't let this become a lost opportunity. Problem will repeat itself.
 - Next steps: fine tuning strategies, identify related programmatic initiative, undertake proper costing, taking stock of available resources, Stakeholder consultation
 - Partners: continue support and regional organization, provide additional expertise....etc.
 - Specific areas for support: finalize the list of priority needs to be considered in the recovery effort; facilitate discussions with national authorities and other stakeholders on the extent to which the existing recovery strategies, identify gaps, etc. Proceed with costing, discuss risk in recovery initiatives, etc.

Discussions

- There are three major issues: Ebola became a crisis because we have weak health systems, especially in urban areas where slums predominate. We seem to think we can get away without looking at three things:

(1) **Governance** is primary. This sector needs stronger governance. We have to address it. One is intrasectoral coordination, particularly between state and non-state actors, public vs. private. We cannot treat non-state actors as bystanders, but there is distrust of non-state actors—academics, for example. Two is governance in terms of regulation; this is bigger than Ebola. Regulations have not been revised in most countries since independence. Some of the rules governing this sector are more than 100 years old. There is a resistance to changing. Regulatory boards controlling standards don't exist or don't have funding. When they do work, it is to close a few private facilities. Let us focus on governance—we cannot get away without it.

(2) **Intersectoral coordination and collaboration**: two meetings, one in Geneva on health, one in Brussels on other issues, health off the table. When big money comes in, gets more attention—we saw it with HIV. We are seeing with Ebola. What are we going to do differently to have a seat at this table?

(3) **Charity begins at home**. Ebola exported to Europe and America—so it got attention. Had it remained in our countries it would have been different. There are other emerging diseases that are having this same effect. People are leaving their countries for treatment of non-communicable diseases. Meet with other sectors and talk more appropriately with MOH. Ebola has given us exposure, but don't miss the opportunity that we did with HIV. Health systems are no stronger as a result. Let us send a strong message that we have a problem with governance, not hide it behind other things. Need to put in place a network on the continent as part of the response. (African Union) This would allow for immediate coordination, passing information, etc.

- World Bank: Saw during the presentation that one of the next steps WHO did not address is the interaction between human health and animal health. The origin of the outbreak was the interaction between human and animals; would like to see in next steps something about collaboration between human and animal health.
- BIDC: Since 2008, BIDC has been investing in this area, particularly in rehabilitation of health facilities. Going towards health systems strengthening. Need to fund structures. Environmental health and training. Need to emphasize this in public health. Harmonization of the kinds of infrastructures to put in place. Accent on mobility of interventions.
- Appeal to WHO and other partners: for WHO, happy we touched on early warning mechanism. ECO-1 exists, but has not prevented crises and conflicts. National Early Warning Mechanism to close the gap between alert and response. Ebola—the problem of lack of prompt response has been the issue; WHO was not notified in 2013. Need to rebuild the health systems of our countries. The three countries hit have the weakest health systems in the continent and porous borders. Want WHO to provide more assistance. In Liberia, medical schools have no facilities at all. Need capacity building in clinical aspects, lecturers. ECOWAS and African Union provided volunteers. This is what we need to do to strengthen—the issue of governance, proper regional cooperation.
- CBM: This follows up last year when we were together in Liberia, when we first talked about Ebola. WAHO was asked to build capacity to deal with Ebola. Important to hear from WAHO on its capacity and what role it is playing now and will play in the future. Issue of mental health: situation is that we tend to focus on—medical/clinical aspects—and not realize the traumatic impact this is having on populations and that will continue.
- BAD: As a partner, wants to know more about resource mobilization and management, which partners are doing what. How is management of resources being done?
- HKI: Cultural beliefs: ask that we call them human nature. These are not bizarre behaviors. It is perfectly normal to show affection for people who have passed away, touch them, kiss them,

and hug them. These are not bad, “backwards” habits. Very natural. Tend to underestimate the mobilization of communities that were actually ahead of the global support. Peak in Ebola occurred before the December and March meetings, largely due to community leaders who started to work with their communities to inform them and change their behavior. Working with communities is an important part of any intervention. Need to develop capacity and human resources. This has been an issue for a long time, from the ground up. Have been doing this with WAHO and UNICEF. Underfunded. Donor partners can support WAHO in this effort—can make a big impact on building capacity, at least in the area of nutrition.

- UNFPA/WCARO: Ebola has provided us with the opportunity to recognize that we do a lot but we do not do enough. How do we follow up on the commitments we make at all of the meetings/consultations? Financing for health in general, commitment of countries who are members of African Union—15% of budget for health. We don’t monitor this enough. Partners and international community are always going to react emotionally; we need to organize ourselves to take care of our populations ourselves. Priority is not given to health and education, and this is what is important for the development of our countries. Would have liked during this meeting to develop a recommendation regarding the monitoring of the implementation of recommendations taken by our countries’ leaders. These leaders should be able to call on each other to be held accountable for their engagements—active solidarity.
- WHO: in a presentation like this, there are always details sacrificed because of time constraints. Wants to emphasize that governance is critical. If you look at national plans, governance comes up very high. If you look at the building blocks of the health system, governance is critical. There are a lot of political implications. Very frustrating because at the end of the day there are many agendas. Political agendas tend to be short, but building health systems is a long endeavor. Politician looking at 3-4 years may not always care that building a strong health force takes 10 years. We need to be sitting at those tables—parliament, etc.—to be part of the decision making process. Nigeria-many health professionals have taken leadership positions. We should not sit in our hospitals and our offices, we should be where decisions are made and bring health the forefront of these discussions.
- Networks for improved detection, reporting, response, have elements of OneHealth. OneHealth initiative brings together animal and human health.
- CBM made some very important contributions about mental health. Mental health features prominently in the plans of each of the countries. Plan to introduce training for mental health, even to community health workers, so from early stage this can be taken into account. Mental health is part of the definition of a good state of health. There are psychologists, etc., being recruited as part of response. Support to affected countries, also have social anthropologists. When we speak about burials, we know that the person being buried has relatives and has the right to be accompanied in death. Safe measures do respect culture, etc., but focus on safe burial. There are manuals to address this.
- Financial aspects: we focused more on technical aspects. Those who are fully involved in the resource mobilization and how it is being used can address (recommendation that this kind of presentation be provided). African Fund for Public Health Emergencies—WHO—contribution from each country is 5,000 dollars per year. Needs to be increased.
- UNICEF: Region remains fragile for different reasons—conflicts, climate change, population growth, highest fertility rates. Capacity has not kept pace. When we speak about reinforcing health systems, we need to deal with these issues. Population more urban—50% of population. Inequality of economic access. Lack of confidence of community in the health systems—system does not respond to their needs. Need to think carefully about this to ensure that the health

systems become more “friendly” to their communities. Role of regional offices of various organizations. Scarce resources for health in the region, not just question of resources, but we have a tendency to want to do everything but then want to focus all resources on one thing, like Ebola.

- NEPAD: We seem to be in a hurry to move from response to recovery. But we are not clear from assessments about transition period. Countries reeling from epidemic. Some key issues exist. Need to address or these issues will come back again. Need to unpack issues around transition process. At the regional and continental level, NEPAD refers to the AU summit recommendations on Ebola. NEPAD tasked with sustainable medications and treatments being available. Harmonization is a big topic—OneHealth, etc. Regulatory harmonization for pharma and vaccines. Hasten clinical trials without violating rights of subjects. We have learned lessons. Need to see how to move forward. The affected countries—many affected, not just Guinea, Liberia, and Sierra Leone.
- ONUSIDA: Good choice of theme for the meeting. With HIV and AIDS, looking at what has been achieved and what lessons can be learned so that we don’t repeat the same mistakes with EDV. EDV is virulent and reveals weaknesses of health system. This is an opportunity for WAHO and others to give attention to the health system. As partners we need to see how to assist countries. Infrastructure. Universities. Constraint with human resources harder to manage or to find solutions. Can think more about medications to fund sub-regional approach. In HIV and AIDS, learned from efforts in prevention. Slow progress, particularly for PMCT, which is intimately related to health services.
- Sight Savers: Good to know that WAHO is formulating its strategic plan and partners want to know how they fit into that plan, particularly given epidemic. Need focus on workforce development. Look at journalists and other health care providers to train. Involve all stakeholders in strategic planning. Will see more of this when we engage with the countries. Need coordinated effort to channel resources.

Presentation of the thematic groups set up for the revitalization of the health systems of the three countries heavily affected by the EVD epidemic:

Health, Hygiene and Sanitation (UNICEF): What was done in terms of WASH to EVD response: why talk WASH? Not fecal-oral. Concerns raised over risks associated with urine and feces from Ebola-infected individuals, provision of water and sanitation in protecting humans, important in health care system and facilities for treatment and care. Took what we do in WASH and adapted it to EVD; all levels—health facility (EVD), non-EVD facilities, affected households and contacts, quarantine communities, and at-risk communities (schools and public places)

- Developed WASH package for each of these levels of the health system
- Ebola treatment units
- Non-Ebola health facilities
- Continuity of essential WASH services in communities—avoid complex emergency
- Household hygiene kits---handwashing, household water treatment
- Hygiene kits to public places—handwashing everywhere, scale up, local leaders for adapting behavior
- SocialMob/CommEngagement everywhere
- Global technical working group—WHO, UNICEF, CDC, MSF, IFRC, DfID, academic researchers
- WASH/EVD resources/references
 - First time working in urban areas for Ebola

- WHO-UNICEF technical notes
 - UNICEF guidance note
 - WASH cluster knowledge point Q&A platform
 - Country-level protocols (desludging, WASH in schools)
 - Interactive platform for responding to questions (ebola.knowledgepoint.org)
 - Next steps: costed national recovery plans, health systems strengthening meeting Dec 2014, etc.
 - Challenges and constraints: lack of data to produce timely and practical protocols and technical guidance on WASH; new type of humanitarian crisis, inter-sectorial response, infection control/waste management, national coordination systems; interruption of prevention measures for non-EVD diseases—risk of complex emergency—measles, malaria, malnutrition, cholera.....
- Pre-Ebola situation
 - PHC facilities, communities—how to help these be better prepared
 - WASH in health facilities
 - FACT 1: in low and middle income countries, WASH services in health care facilities are limited
 - FACT 2: Very little data is available on WASH coverage in health facilities, especially for sanitation and hygiene
 - FACT 3: the proportion of PHC facilities, compared to hospitals, without WASH services is high
 - FACT 4: National plans for WASH in health facilities are lacking and are drivers for improving services
- Forthcoming WHO/UNICEF report: Drinking water in WCA: many countries off track for meeting MDGs for water; rate of population drinking surface water still high; lowest coverage in DRC, Mauritania, Chad, highest Gambia, Gabon, Sao Tome & Principe
 - Progress on sanitation in WCA: still a lot of open defecation. Most high risk practice. Lowest coverage, Niger, Togo, Chad; highest Cameroon, Senegal, Gambia (Nigeria has 39 M people practicing open defecation)
 - Urban/rural disparities
 - WASH in schools; a lot of attention as we are preparing to get back to school in Ebola-affected countries. 27% of schools in region have access.
 - Handwashing: questions asked in DHS and MICS. Few households have a place for handwashing with both water and soap. Availability of facilities in home is uncommon (5%) among poorest households.
- Consequences of EVD
 - Deficient WASH services in health facilities, particularly the lack of functional handwashing devices and practices; gaps in compliance fail to protect both workers and clients
 - Exposed gaps and deterioration of the capacity and quality of essential WASH services and professionals—affects vulnerable populations, major gaps in sanitation infrastructure and communities
 - Lack of acceptance by affected populations

Way forward

- National policies and standards
- Targets for WASH in health care facilities
- Recovery priorities: getting to zero, restarting basic services safely, building back better
- Improving and maintaining WASH functionality in health facilities
- Prioritization of areas and communities exposed to high risks of epidemics in National WASH plans—need multi-sectoral approach
- Take into consideration the specific context of communities in WASH projects—human nature, hygiene habits, cross-border movement of populations
- Improve accountability of systems to those they serve
- WASH is important not just in Ebola crisis, but is a critical pillar of good public health policy.
- Mainstream WASH in health system-handwashing in facilities
- Communities--prevention

Update on vaccines and medicines within the framework of Ebola disease control (WHO)

- This is a fairly complex area. Will shed light on some major developments.
- Ebola severe, contracted through contact. Treatment is supportive but effective in reducing mortality; no proven treatment and vaccines, a lot of proposals and players. Proposed therapies lack evidence of efficacy and safety. Some promising animal trials.
- Guiding principles: scientific evidence exists, ethics and regulatory oversight considered, feasibility and availability of product, equity in distribution, generation of data through appropriate clinical trials.
- Development – testing – licensure – use of experimental interventions is a high priority
- Fever, viraemia, and antibody profiles: incubation period of 3-15 days. Short duration of viraemia. Will need to start early.
- WHO consultations: In the current context it is ethical to offer unproven interventions with unknown efficacy and adverse effects as potential treatment or prevention. Ethical, scientific, and pragmatic criteria must guide the provision of such interventions: transparency, fairness, informed consent and freedom of choice, confidentiality, risk-benefit assessment
- 4-5 September 2014: consultation on potential vaccines and therapies.
- Use of convalescent whole blood (CWB) and convalescent plasma
- Whole series of consultations have gone on related to new interventions
- Proposed new therapies: everything, a lot with no evidence. Others with evidence: monoclonal antibodies, antivirals, convalescent therapy, etc.
- Experimental therapies look at viral cycle (target before enters cell, targets virus from exiting host cell, etc....)
- Vaccines: few have progressed to stage that they are considered serious candidates for use. rVSV, etc...
- Issues: availability, preclinical evidence (but mice lie), known clinical safety, route of administration, duration of therapy, storage/transportation, weak national capacity to regular products...and how to prove that it actually benefits patients. Knowledge gaps in use of CWB and CP. Social engagement and messaging, donor recruitment, kinetics of the antibody response in survivors, logistics, security and safety requirements
- Next steps: therapeutics and vaccines working group, review proposed intervention guidance on use of CWB/CP, assessments of national capacities for delivering safe blood products outside of clinical settings, establishing standards....etc...
- Current trials: medicines, blood and blood products, vaccines

mHealth and Ebola: Surveillance and quarantine operations in the Western Area, Sierra Leone (HKI):

Have talked about capacity building and need to rebuild. Taking advantage of crisis to introduce new tools. To reduce the spread in the Western Area by timely and comprehensive tracking of all contacts of an Ebola-positive case. Contain spread. Social mobilization, Call alert center, surveillance team, contact tracing by community volunteers, technical supervision, etc. HKI came in to ensure that all households of all individuals identified as being at risk quarantined within 24 hours. Taking temperature. Coordinated distribution of food, etc. Introduced mHealth component of tracking. Before that, everything was paper based. Using RealTime XLS to avoid delays. Ongoing data collection—on a cloud processing—one click insights via smart phone. Goes straight into online data base with name, number, location, address. Use GPS function to locate someone. Allows to physically locate people. Identifying number linked to bar code number. Easy to use if you know how to use a cell phone. Improvement of mHealth for Quarantine. Trying to get people into quarantine more quickly. Can look at hotspots. Speed of effective quarantine within 24 hours went up from 42% to 80% within two weeks of introducing mHealth. Supported by UK-AID. Cases coming from quarantined households.

L'Hopital Americain de Paris: Prevention, testing, and early treatment of *carcinoma hepatocellulaire* in sub-Saharan Africa. CHC leading cancer in sub-Saharan Africa. Mortality is high because of late diagnosis. Result of Hepatitis B and C. Curative treatment includes surgery, etc. Treatment possible with few resources. Testing for people with Hep B and C and HIV. Those testing positive get further testing. Echography, followed each six months. Reduces mortality rate of this cancer, prevention by providing antivirals.

Bomi Experience, Liberia (MOH/Liberia): Presenter shared a video from Liberia. Project was working at community level. Not a full clinical trial. Could not get people to come and work with him. Mobilized community to build care center. Four districts. Closed hospital for a month. Worked with partners for a month to get community care center ready. Later had ETU. 121 EVD affected children needing psycho-social support. 372 health workers/180 dead. Highest peak Sep 2014. Lamivudine (Lamidat). Drug used in Liberia to treat EVD patients. Not a full blown clinical trial—inhibits viral replication. Brincidofovir—same type of treatment. Used on 15 patients, 13 survived. ZMAPP, TKM-Ebola, Favipiravir, experimental vaccines.

Lamivudine—used for PMTCT, Hep B, HIV; similarities between HIV and Ebola. Open to research in future. During time when people were dying, decided to use. Logan EVD Rx Protocol: Components: fluid therapy, infection, nutrition therapy, therapy for other symptomatic conditions, antiviral therapy (to patients with early signs and symptoms—not for late signs and symptoms); solidarity packages for Ebola survivors. Partners: WHO, UNMEER, UNMIL, WFP, UNFPA, UNICEF, Global community, IOM, ACF, PLAN, MTI, LNRCS, CDC, JSI, ACCEL, ADRA, CBOs. Appeal to WAHO to provide support.

Discussions

- USAID: Question for HKI. How can a program like that be taken to scale, and what kind of involvement was there by the government? Cost effective? After Ebola outbreak, can the people trained for this kind of surveillance be trained to do other kinds of surveillance?
- NEPAD: Joint review of clinical trials for Ebola vaccine in Arusha brought together 4 countries. Have developed good tools. Need to bring together ethical committees and regulatory bodies. Countries should not duplicate activities and guidelines. Want to roll out and have proposed technical working groups up and running from regional perspective.
- World Bank: We cannot go back to business as usual. Take these new approaches to scale. Cell phone companies begging health sector to work with them more. Nobody is following up.

Foundations putting money into this area. WHY? What Dr. Logan doing in Liberia should be done everywhere—use what we have.

- UNICEF: data on sanitation and water has been collected in all of our countries in DHS. We all have generations of this data. No one looks at DHS nutrition and latrine data. Open defecation in there. No one looks at it. Why do we get this data if no one wants to use it. East Africa: looking at patient safety. We mostly look at health worker safety. On a scale of 1-5, 80-90% of health facilities score less than 1.5%. This means they should be closed. In a sector where we cannot do without regulations, but seem to be creating a system where regulations don't matter. Handwashing, water, should be part of what is enforced at health facilities. Can we come up with a regulation on making this sector accountable? Facilities need to be fit for human residence, sick or not sick. Must do something differently. To WHO—does any country have an urban health strategy at this time when we hear about populations growing in Kinshasa, Lagos, etc.? Equity is more of an issue in urban areas.
- UNFPA: Liberia presentation was practical and closest to the heart of what we do. UNICEF presentation also touches on something very simple but important, particularly in time of crisis. Health workers don't think enough about washing their hands. We cannot keep constructing health facilities without water and electricity. Next war: war of water (used to be gas). We need to ensure that the minimum standards exist before they are taken away. Population growth, youth, rapid urban growth—all are important questions. Joint projects of UNFPA, WB, and WAHO, requested by the President in 2014. Security—food, water, anticipation of population growth and the response we can bring to this. Look at questions of empowerment of women, and particularly young women. Reinforcement of human resources. WAHO has worked on harmonization of curricula for public health.
- UNICEF: Ebola has brought everyone together, particularly in coordination structures where health has lead. Working with country colleagues.
- WHO: We cannot think of any country with specific urban health policy. WHO doing work on urban health. Important studies. In national plans, there are elements of urban health, but question of how well they are implemented. It's a multi-disciplinary engagement. Will need to press countries on this.
- HKI: Scale up of strategies. Has been working on mHealth and it is now a routine tool for baseline surveys, coverage surveys, reminders to people for services such as vaccines. Some skepticism from MOH on the feasibility of mHealth. Using a technology that is in the DNA of anyone under 30! Have been able to convince people that it can be done and has broader applications. Monitoring whole package of vaccinations of children. Entirely applicable to most of the countries in which we work. Not that expensive. What they did in Sierra Leone was 10s of hundreds of dollars. Small recurrent costs once developed. Work more with cell phone providers on public-private partnerships.

Recommendations

- Health facilities with electric and water
- Make health facilities more accountable measures for prevention of illness
- Health in urban setting
- Demographic pressure and related health questions need to be addressed—strong leadership

Session 3: Updating the TOR of the Partners' Forum

Presentation of the revised Terms of Reference of the Partners' Forum (DPTA)

Introduction

How partners' forum evolved

- 2003-2008: was simply a meeting where partners could come and present on whatever topics they proposed. In 2009, the strategic partners met and discussed how we could better organize the forum. In Freetown in 2010, looked at setting up a mechanism to follow up the forum. In 2011, reviewed a SOW in Lome that was revised in 2012 in Conakry, and agreed to set up the forums around specific themes. In Praia in 2013 and Monrovia in 2014 to review and decide how to proceed, revising the purpose to be to facilitate coordination and harmonization of priority interventions in health in the ECOWAS region through a beneficial, efficient, and effective partnership. We agreed it would take place each year around the AHM. There are three structures: a secretariat, a partners' action group, and thematic forums. The secretariat is based at WAHO and is responsible for preparing the forum, putting together the documents for the forum, ensuring the coordination, and ensuring the follow up and implementation of recommendations for the forum, reporting to the DG of WAHO.
- The Partner Action Group is made up of WAHO's strategic partners, led by a partner designated for at least one year and possibly two, on the basis of the themes selected for the AHM. The leader presides over the forum with two rapporteurs. He provides lessons learned regarding the interventions in line with the theme. He proposed other related themes. The Partner Action Group meets face to face, by e-mail, and by conference call at least two times a year.
- The thematic forums are technical meetings organized by WAHO with regional partners focusing on a theme. The agenda should include exchanges on the selected theme (for example, malaria); the innovative financing mechanisms for financing health interventions; and planning of joint interventions in order to solve this particular health issue at the regional level. The conclusion of the forum will be shared with the AHM.

Recommendations

- The group needs to propose a leader for the Partners Action Group (PAG), who can prepare for the next AHM (or next two AHMs).
- Have two forums each year
- Take appropriate steps to ensure the preparation and ensure the functioning of the group

Conclusion

- The forum serves as a body to exchange information and better coordinate
- Use the PAG as a tool to encourage synergy between the interventions of WAHO and its partners for the good of the population of the region
- Ensure that the PAG continues multilateral collaboration in the interest of all stakeholders.

Implementation of a regional multisectoral plan for WAHO on the EVD epidemic

Extraordinary meeting of ECOWAS health ministers in Accra, August 2014, developed an action plan for 6 months with 5 principal areas of action to boost control measures:

- Reinforce national and regional mechanisms
- Strengthen measures for rapid diagnosis (epidemiological surveillance, labs, tracking contacts)
- Improve treatment
- Ensure safe burials
- Mobilize resources

These activities were developed and carried out in the three most affected countries.

- In Guinea, WAHO staff and consultants went to assist, support, and strengthen national coordination. There is currently one consultant in Sierra Leone. Two groups were set up: interministerial coordination group of countries most affected and partners, and another group charged with monitoring efforts and ensure efforts were being coordinated.
- WAHO provided 1,000 safe transport boxes for biological products
- WAHO developed a harmonized procedure for health control at entrances and exits/border control
- For rapid diagnosis, prepositioned protective equipment and assisted countries with simulation exercises (countries such as The Gambia which had not yet experience Ebola).
- Improved treatment. Recruited additional health agents (supported by ADB and other partners), and provided 14 ambulances (11 in Guinea, 1 in Niger, 2 in Liberia), as well as other equipment and materials
- Improving treatment: provided medical products, equipment and supplies during quarantine for ill patients and their families
- Regarding safe burials, WAHO developed and shared protocols with the countries and supplied protective equipment and disinfectant
- Mobilizing resources: sensitized countries to importance of the issue, sent an information note to the President of the ECOWAS Commission as well as a note to all MOHs in the region. They presented the situation at the 45th summit of the heads of state to boost resource mobilization, and created a regional solidarity fund to support the implementation of community interventions. Several countries contributed.
- WAHO signed an agreement with BAD worth \$7M to deploy health personnel to the three most affected countries.
- Through all of the efforts, there was a hope to raise \$82M, and they mobilized \$30M. There is still a significant gap. WAHO will attend the next technical monitoring meeting to report out.

Additional WAHO Activities (Dr. Keita)

- Partnership to build resilient health systems—case of the three countries most affected by the EVD epidemic
- Plans: create a common fund to revitalize health systems most affected by Ebola
- Advocate for mobilization of resources both internal and external
- Follow up on coordination and follow up at the strategic and operational level
- Maintain strategic partnerships (worldwide and international): IHP+, HHA, etc.
- Health diplomacy (get regional priorities on the world health agenda)
- Creation of a regional center for prevention and fight against illness (CDC West Africa), promotion of regional laboratories, reinforcement of cross-border interventions targeting the subregion of the Mano River Union
- Promote documentation and diffusion of good practices (surveillance systems, NHIS, etc.)
- Develop regional health mapping to harmonize nomenclature, health facilities, etc.
- Operational research on the origins of the epidemic, community participation in the management of the epidemic
- Experimental research on medications and vaccines
- Put in place “Zero Ebola in 60 days” plan, from Feb 15, for the three countries
- Consolidate and budget reconstruction plans for health systems
- Participate in the Washington meeting in April 2015 (BM)
- Participate in the UN Secretary-General’s meeting in May 2015
- Put in place national health system resiliency plans

- Document the management of the epidemic and good practices

WAHO has appreciated the mobilization of the international community not only for its support in addressing the epidemic but for putting in place a coordinated partnership process to build new, resilient health systems in the most affected countries.

Presentation on the status of implementation of the 2014 recommendations - (DPTA)

The partners' forum provided 9 recommendations

- Choose a leader to organize each thematic forum: selected for 16th forum
- Encourage institutional anchorage for regional programs at WAHO: other than projects managed by WAHO,
- WAHO needs to take ownership of the Ouaga Partnership Plan and ensure the direction of all interventions in FP in ECOWAS region
- Put in place a response fund for epidemics and send to MOH to make a decision: Ministers signed a declaration
- Maintain the fight *anti-vectorielle*, including *assainissement du cadre de vie* to eliminate malaria: recommended to experts. Experts will propose to Ministers tomorrow
- WARDS project, a catalyzing project, needs to advocate with MOH and Council of Ministers: underway
- Elaborate or revise the SOW for the partners' forum: presented today
- Develop thematic forums to bring partners together around themes/priorities/key programs, etc.: The good practices forum could be classified as this (July 2015)
- According to the theme for this year, identify 2-3 partners and share their experiences through poster presentations: WHO presentation, UNICEF presentation, HKI, etc.

Discussion

- HKI: SOW for partners' forum useful, will help us to manage expectations. It would be good if this group could also communicate with the technical committee as well. We don't have a chance to present to Ministers' tomorrow. Find a mechanism to do that.
- RBM: SOW is clear. In the case where we don't know the theme, who will determine it? Is it necessary to have these meetings? Better to put in place a mechanism to coordinate with WAHO?
- AMP: SOW, last part with org chart. Is this a permanent org chart?
- MSH: SOW, objectives, is the point to obtain a consensus or just establish an order of priority?
- UNFPA: Need to identify themes in advance so we can prepare and coordinate in advance.
- NEPAD: Wanted to understand how lead partner is selected, whether there are other partners in selected technical areas? Any other pre-discussion? In support of thematic approach that has been suggested. As partnership expands, could consider having parallel sessions.
- CBM: Need to see linkages with Expert Committee. Terms of reference: define the overall objective more clearly. Org chart: We do things by ourselves too. If we look at them as siloes, we lose what we are all doing. Capture cross-cutting themes.

Recommendations:

- Provide themes in advance, let partners step out of their silos, remain flexible

- Regarding the activities of WAHO, those that are visible are impressive and provide people with comfort that WAHO is doing something. There could be more communication. Contact tracing very important.
- There was some initial disappointment that we were not hearing more about what WAHO was doing at first. Need to correct any issues with the communication department. Data provided were pretty weak. There is a significant gap in mobilization of funds. Need to be giving accurate accounts for everything in which we are involved.
- Regarding the communication deficit, need to improve both in terms of quality and quantity. Regarding support of partners, all of the activities developed were developed with implication of many partners. WAHO got a late start, they agree on this point. The funding gap was important—WAHO had a plan to deploy 150 agents; deployed 115 instead because of financing issues. Abidjan meeting in March 23-24, will talk about activities for 6 months.
- Looking to negotiation with African Union now as well. The deficit is there.
- WAHO health workers went on the volunteer platform of the AU. Negotiating to keep them longer. Is the short-term assignment good enough? Does it make things worse? It cannot be business as usual. Transition not being handled with the needed level of detail and thought. Highly political issues. Things are moving, but the details are still not clear. Transition needed to be negotiated so that the prime reason had its place in the transition, so that the assets would be used to “jump start” efforts in the recovery. The response team will continue with the early recovery, then further down the line, details of the full recovery need to be provided.
- Meeting in Abidjan next week (April)=technical group. Meeting in Washington. The three countries will be present.
- Issue raised: shame if all efforts by health sector in collaboration with others if we don’t get to the end. Real possibility that when push comes to shove, if the health sector does not make its case as strongly as it should, we might go back to business as usual. What is the lobbying that can be done? Don’t let it get diluted in the overall architecture of reconstruction.
- Need to provide opportunities for WAHO liaisons to speak directly with partners. It’s up to WAHO to decide if they can put together a half-day program to do this. Might be better to find a different “space” to work with the liaisons.
- Important question has been raised—how do we influence what happens in Washington meeting? Governments themselves and civil society must have a voice. What agenda of common voice is the leadership of Africa going to this meeting with? How will we mobilize our civil society? Health sector development is national development. This is the first time that a disease has caused the collapse of economies. Disease as a priority, as a national security issue, is on the table. If our governments don’t go with an agenda, it’s all going to happen again. Tomorrow is WAHO’s opportunity to talk to the Ministers and ensure that this agenda is there. Need political mobilization for this meeting.

Drafting of the report of the Partners’ Forum: AHM and MSH

Session 4: Adoption of the report and closing

Consideration of the report of the Partners’ Forum

Discussion/suggestions:

- Add private sector to comments about civil society
- Add meeting between focal points and technical experts

- Washington meeting: ensure adequate preparation to include health sector in this meeting; present priority interventions identified during Ebola crisis, be concrete, precise, don't present a shopping list; need engagement of Ministers of Health (needs to be in final recommendations)
- Agreed, this is an opportunity because of Ebola to reinforce the health systems in our countries, must include
- Need to work with Secretariat to finalize the recommendations; draft will be circulated for amendment to everyone; has to reflect what needs to be sent to Ministers
- All of the presenters need to send their presentations to the rapporteurs to help finalize the report
- Add the WAHO presentations
- NEPAD Comment on clinical trials: need for regional expert working groups to conduct joint reviews of clinical trials to avoid or to prevent duplication by regulatory authorities. Decision made in January 2015 AU Summit to expedite ethical and regulatory approvals for vaccines and medicines.

Closing ceremony

The DG of WAHO closed the meeting.

- Emphasized the need to submit good plans to funders.
- Need to put in place the subregional CDC that will help to better manage health information, better respond to emergencies.
- Need to develop network of labs to quickly diagnose and identify epidemics.
- Must pay attention to the private sector; the public sector cannot meet all the needs. More than 50% of needs met by private sector.
- Question of urbanization and demography. Need to take this into account. Also take into account semi-urban.
- Importance of water and sanitation; we are all called upon to make sure the elements needed are there. Cannot have health structures without water and electricity.
- Reinforce the national leadership so that the health systems can work; we saw this in Ebola outbreak. Thanks to partners for their contributions

**16th Ordinary Session of the Assembly of Health Ministers of ECOWAS
March 13, 2015**

Presided by Ghana

Adoption of the WAHO 2014 Annual Report

Presentation by DG of annual report

- Implementing interim plan
- Year particularly marked by Ebola
- Mali, Nigeria, Senegal able to declare the epidemic over; 3 countries remain affected.
- Cholera—Nigeria, Ghana, Niger
- Lassa fever-1335 with 60 deaths
- Polio-6 cases as compared to 122 in 2013
- Malaria-average-300 cases/1000 habitants, 100 deaths/100,000 habitants

Recommendations from Liberia meeting last year

- 16/23 recommendations implemented
- 5 in progress
- 2 not implemented
- 63% of program completed (98% in 2013)
- 52% of funds received (84% in 2013)
- Decrease was a consequence of not receiving community contribution

Number of new projects

- World Bank Demographic Dividend Project (6 countries)
- Nutrition project (3 countries)
- WARDS
- USAID (MSH)
- BAD \$3.5M Ebola
- \$7M – 115 personnel Ebola

Challenges

- Funding for health sector
- Persistence of epidemics
- Late receipt of funding from ECOWAS Commission
- Lack of personnel in some key areas (epidemics—have just one person; will have 2 new professionals)
- 3 directors out of 6 are interim

Plans

2016-2020 Strategy

- Develop Regional Center for Epidemiological Surveillance and Prevention of illness (regional CDC)
- Reinforcement of response to epidemics: put in place a regional rapid response team
- Evaluation of universal health care

- Evaluation of Abuja Declaration
- Implementation of malaria plan and regional pharmaceutical plan
- Develop a regional plan against non-infectious diseases
- Start up of 3 new projects

Some of these are activities that they could not do this year

- Nutrition forum
 - Good practices forum
 - Etc.
- Despite challenges, able to put in place many important activities this year. Good support from partners, governments. Putting in place more effort to mobilize resources.
 - Mali: Mobilization of resources from Commission—should formulate a recommendation to this effect. The amount of the budget provided is low; let them know to whom they should address efforts.
 - Coordination of interventions is also important. Emergency showed the need. Can achieve more results with better coordination. Report would be strengthened by providing more detail about the aspects of the activities WAHO was not able to complete.
 - Guinea Bissau: Met with the DG after he assumed his duties. Congratulate for rapid response at regional level. We should be able to have our own teams in the region so we can quickly and effectively respond to things like Ebola and cholera (rather than having to go to other countries, partners).
 - Togo: report underlines the important of coordination. Need a strong recommendation for ownership of what is happening on the ground by WAHO.
 - Benin: appreciated efforts of Nigeria to help with lab testing, efforts of WAHO to coordinate Ebola efforts. Regional lab/surveillance for ECOWAS region. Health mapping of region: *carte sanitaire* or *cartographie*?
 - Burkina Faso: competent/stable human resources needed
 - Sierra Leone: Challenges that organization is facing boil down to ownership. Need to value what we have. WAHO is our own organization, it is our own creation. We must look after this organization. We need to realize this to help turn around the resource situation. Countries do not truly feel ownership, appeals to colleagues to pay attention to this. WAHO can perform wonders on our behalf.

Move for adoption of report: passed.

Presentation of update on Ebola

- Interventions that took place to address EVD
 - Multisectoral plan developed and implemented
 - All of the interventions were all possible because of the contribution of all of the national players of the ECOWAS countries, many partners also assisted. Major players/those piloting the interventions, were at the national level
 - From March 2014, the community has been dealing with the epidemic that started in Guinea and quickly spread to the other countries. In August 2014, it was considered a public health emergency of international proportions.
 - By Feb 20 of this year, total of more than 23,500 cases reported; 9,500 deaths; 500 health workers died

- Now looking at the reduction of the disease in the most affected countries. Notification of cases declining on almost a daily basis. Two weeks—no cases notified in Liberia.
- 45th Summit of Heads of State of ECOWAS region—extraordinary meeting of health ministers—Jul 2014, Accra. Drew up a multisectoral plan with 5 actions:
 - Strengthen national and regional coordinating mechanism: WAHO sent its own professionals to the countries that notified cases to assist in beefing up national coordination efforts. Consultants were recruited and sent to the three most affected countries. The ministerial coordinating group set up comprising ministers of health that notified cases, under chair of MOH Ghana. That group was asked to take charge of strategic orientations and monitor implementation of plan. Technical group formed as well. Management of WAHO strengthening coordination and leadership of region to deal with epidemic. Designated Togo to supervise response process within region.
 - Strengthen measures for rapid diagnosis: Including strengthening labs and contact tracing, providing materials. Materials for disinfection. Thermometers supplied. Provision of containers for transportation of biological products. PPE placed in some countries. Simulation exercises to test plans.
 - Improve case management: Support for rehabilitation of health facilities. Provision of ambulances. Recruitment and posting of health personnel to the 3 most affected countries. 115 health personnel recruited—doctors, nurses, others. 49 to Guinea, 27 Sierra Leone, 39 to Liberia. Supported by many partners, ADB, UN. Part of major intervention by African Union. Often issues of quarantine, support provided to countries—PPE.
 - Safe burial: Harmonized process shared with all countries. Provided PPE for use by burial teams.
 - Mobilize further resources: March 2014, sent circular to ECOWAS Commission to mobilize resources to rapidly support countries. Circular sent to countries to alert on situation and steps that needed to be taken. DG presented at 45th Heads of State summit. Set up regional solidarity fund to guarantee funding. Several countries responded positively and made available substantial amounts to move forward. ADB came up with funds. Tripartite agreement.
 - Cost would be \$80M for 6-month plan
 - Will need funding for post-Ebola period
 - All countries developed plans
 - All countries put in place coordination mechanisms
 - There is a regional plan and contribution of member states to solidarity fund
 - Improvement in contact tracing
 - Prevention measures in airports, schools, schools, health facilities, etc.
 - Reinforced existing labs in region to increase capacity to analyze samples
 - Best results in Mali, Nigeria, Senegal, but now seeing reduction in cases in other countries

Constraints/challenges

- Weakness of health systems
- Limited knowledge of Ebola
- Lack of rapidly available resources
- Not enough involvement of communities in health promotion
- Inadequate coordination and ownership

Future

- Plan will be assessed
- Continue control efforts
- Reconstruct/strengthen health systems in all countries
- Make overall assessment/document everything that occurred to learn lessons
- Improve coordination and strengthen capacity to respond
- Work on resource mobilization

Presentation and adoption of Health Experts Meeting report

Presentation and recognition of Health Partners Forum report

- Gambia: Partners need to determine how to be involved in the WAHO strategic plan
- Niger: Win-win partnership between WAHO and its partners. Need more efficacy in the partnership.
- Senegal: Should promote having the focal points be observers in partner forum.
- Guinea: Partners need to position themselves on how to support WAHO in preparing for meetings, what they can do for each point that was brought up.

Report of meeting

Final communique

2016 meeting will be held in Guinea Bissau, date to be determined.

Annex B Agendas

FORUM OF HEALTH PARTNERS

Hotel Gaweye 12 March 2015 - Niamey, Niger

DRAFT WORK PROGRAMME

12 March 2015

Session 1: Opening Ceremony

09h00 - 09h30 Address – DG WAHO

09h30 - 09h40 Election of bureau

09h40 - 10h00 Adoption of the agenda

10h00 - 10h30 Coffee break

Session 2: Presentations on strengthening the health systems and the Ebola Virus Disease

10h30 – 11h30 General presentation on the update relative to the Ebola Virus Disease (EVD) and the overall process for revitalising the health systems of the three countries heavily affected by the epidemic (**WHO**)

11h30 – 11h45 Discussions

11h45 -12h45 Presentation of the thematic groups set up for the revitalisation of the health systems of the three countries heavily affected by the EVD epidemic:

- Health, Hygiene and Sanitation (**UNICEF**)
- Update on vaccines and medicines within the framework of Ebola disease control (**WHO**).

12h45 – 13h00 Discussions

13h00 – 14h00 Lunch break

Session 3: Updating the TOR of the Partners' Forum

14h00 – 14h15 Presentation of the revised Terms of Reference of the Partners' Forum
(DPTA)

14h15 – 14h45 Discussions

14h45 - 15h00 Presentation on the status of implementation of the 2014 recommendations
- (DPTA)

15h00 – 16h30 Drafting of the report of the Partners' Forum

16h30 – 17h00 Coffee break

Session 4: Adoption of the report and closing

17h00 – 18h00 Consideration of the report of the Partners' Forum

18h00 – 18h30 Closing ceremony



SIXTEENTH ORDINARY MEETING OF THE ASSEMBLY OF HEALTH MINISTERS OF ECOWAS

Hotel Gaweye 13 March 2015 - Niamey, Niger

DRAFT WORK PROGRAMME

13 March 2015

Session 1: Opening ceremony

09h00 – 10h30 Welcome Address of the Honourable Minister of Health of Niger
Address of the DG WAHO
Address of the Regional Director of WHO/Afro
Address of the ECOWAS Commission President
Opening Speeches of the High Authorities of Niger

10h30 – 11h00 Coffee break

Session 2: Composition of the bureau

11h00 – 11h05 Election of bureau

11h05 – 11h10 Adoption of the agenda

Session 3: Adoption of the WAHO 2014 Annual Report

11h10 – 11h30 Presentation of the WAHO 2014 Annual Report: **DG/WAHO**

11h30 – 11h45 Discussions and adoption of the report

11h45 – 12h45 Presentation of the update on the Ebola virus disease epidemic
DG/WAHO

12h45– 14h00 Lunch break

Session 4: Adoption of the Report of the Committee of Health Experts and

Partners’ Forum

14h00 -14h15 Presentation of the report of the Committee of Health Experts - **Chair of the Committee of Health Experts**

14h15 – 14h30 Discussions and adoption of the report

14h30 – 14h45 Presentation of the report of the Partners’ Forum - **Lead Partner**

14h45 – 15h00 Discussions and adoption of the report

Session 5: Next AHM

15h00 – 15h15 Proposal on the dates and venue of the next meeting of the Assembly of Health Ministers

15h15 – 16h30 Closed door: consultation on common health or institutional issues relative to WAHO

16h30 – 17h00 Coffee break

Session 6: Closing ceremony

17h00 – 17h30 Presentation of the AHM report

17h30 – 18h00 Final communiqué

18h00 – 18h05 Vote of thanks

18h05 – 18h30 Closing ceremony - Closing address - **Hon. Minister of Health of Ghana**

18h30 **End of the meeting**

Annex C
Final Report of Ministers' Meeting



**SEIZIÈME REUNION ORDINAIRE DE L'ASSEMBLEE DES MINISTRES
DE LA SANTÉ DE LA COMMUNAUTE ECONOMIQUE DES ETATS DE
L'AFRIQUE DE L'OUEST (CEDEAO)**

Niamey, République du Niger

13 mars 2015

RAPPORT FINAL DE LA REUNION DES MINISTRES DE LA SANTE

Introduction

1. La 16^{ème} réunion ordinaire de l'Assemblée des Ministres de Santé de la Communauté des Etats de l'Afrique de l'Ouest (CEDEAO) s'est tenue à l'Hôtel Gaweye à Niamey en République du Niger, le 13 mars 2015.
2. La réunion a vu la participation des États Membres suivants:
 - Bénin
 - Burkina Faso
 - Cap Vert
 - Côte d'Ivoire
 - Gambie
 - Ghana
 - Guinée
 - Guinée Bissau
 - Libéria
 - Mali
 - Niger
 - Nigéria
 - Sénégal
 - Sierra Leone
 - Togo
3. le Directeur Général et le Directeur Général Adjoint de l'OOAS, le représentant Spécial du Président de la Commission de la CEDEAO, le Représentant de la Directrice Régionale de l'OMS/ AFRO, les Directeurs des Départements et d'autres membres du personnel de l'OOAS, les Experts de la Santé et les Points Focaux de l'OOAS ont pris part à cette réunion.
4. Étaient également présentes, les Institutions et Organisations Non-Gouvernementales suivantes: UNICEF, UNFPA, BAD, BIDC, GIABA, Union Africaine, USAID, Banque mondiale, HKI, AMP, UEMOA, MSH, KFW, CAMES, Sight Savers, NEPAD, UNAID, RBM, CBM (La liste des participants est jointe en annexe).

Cérémonie d'ouverture

5. La cérémonie d'ouverture officielle de la 16^{ème} réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO, qui a eu lieu le 13 mars 2015 au Palais des Congrès de Niamey, a été présidée par Son Excellence Monsieur Brigi RAFFINI, Premier Ministre de la République du Niger.
6. Étaient présents : les Présidents d'Institutions de la République du Niger, les Membres du Gouvernement, les Autorités Politiques et Militaires de la République du Niger, les Ministres de la Santé des Etats membres de la CEDEAO ou leurs représentants, les membres du Corps Diplomatique et Consulaire accrédité en République du Niger, le Représentant Spécial du Président de la Commission, le Représentant de la Directrice Régionale de l'OMS pour l'Afrique, le Directeur Général et le Directeur Général Adjoint de l'OOAS, les Partenaires au développement, les Experts en Santé des 15 pays de la CEDEAO, les Points Focaux/Pays et le personnel de l'OOAS.

7. Les personnalités suivantes ont pris la parole lors de la cérémonie d'ouverture:
- Le Gouverneur de la Région de Niamey, **Monsieur Hamidou GARBA** ;
 - Le Directeur Général de l'OOAS, **Dr Xavier CRESPI** ;
 - Le Président de l'Assemblée des Ministres de la Santé de la CEDEAO, **Dr Kwaku AGYEMANG-MENSAH**, Ministre de la Santé du Ghana ;
 - **SEM. Brigi RAFFINI**, Premier Ministre de la République du Niger.
8. Le Gouverneur de la Région de Niamey a souhaité la bienvenue aux Ministres de la Santé de la CEDEAO, au représentant de la Directrice Régionale de l'OMS pour l'Afrique ainsi qu'aux illustres personnalités présentes. Dans son intervention, il a souligné que la santé est au cœur de toutes les politiques de développement et que la République du Niger pour sa part, s'inscrit dans toute initiative visant à accompagner l'OOAS pour en faire un instrument qui réussisse l'intégration des politiques communes en matière de santé au service de la santé des populations.
9. Dans son allocution, le Directeur Général de l'OOAS a remercié les Autorités Nigériennes pour avoir accepté d'abriter la seizième réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO. Il a aussi remercié l'ensemble des Pays Membres pour leur accompagnement constant en particulier le Burkina Faso, pays qui abrite le siège de l'OOAS. Il a passé en revue les principales activités réalisées et les résultats de l'Organisation en 2014 ainsi que les perspectives. Il a insisté sur l'impact de l'épidémie de la maladie à virus Ebola sur les systèmes de santé déjà fragile des pays. Ainsi, s'est-il félicité du processus en cours pour la création d'un CDC Ouest Africain et la mise en place d'une équipe régionale d'intervention rapide. Il a poursuivi son propos en réitérant la nécessité pour les Pays Membres de soutenir davantage l'Organisation qui est la leur, afin qu'elle puisse jouer pleinement son rôle au regard des nombreux défis à relever en matière de santé dans la région.
10. Le Président de l'Assemblée des Ministres de la CEDEAO a remercié les Autorités Nigériennes pour l'accueil chaleureux et les bonnes conditions de travail. Il a relevé le défi auquel l'espace CEDEAO a fait face en 2014 notamment les épidémies et en particulier l'épidémie de la maladie à virus Ebola. Il a souligné la contribution significative de **Son Excellence Monsieur le Président de la République du Ghana, John DRAMANI MAHAMA**, Président en exercice de la Conférence des Chefs d'Etat et de Gouvernement de la CEDEAO dans le cadre de la gestion de cette épidémie. Il a salué l'initiative de la création d'un centre régional de contrôle des maladies. Il a apprécié l'opportunité qui est offerte à l'ensemble des Pays Membres à travers cette réunion annuelle d'examiner les interventions relatives aux questions sanitaires mises en œuvre par l'OOAS. Avant de terminer son propos, le Président de l'Assemblée des Ministres de la Santé de la CEDEAO a félicité le Directeur Général de l'OOAS et son équipe pour la qualité du travail accompli depuis sa prise de fonction.
11. Son Excellence Monsieur Premier Ministre de la République du Niger s'est réjoui de l'honneur fait à son pays d'abriter la seizième réunion ordinaire de l'Assemblée des Ministres de Santé de la CEDEAO. Il a insisté sur les différents points inscrits à l'ordre du jour qui, selon lui, sont pertinents et porteurs d'espoir, car en phase avec l'actualité sanitaire de notre région. Il a rappelé l'importance et l'urgence dans les pays membres d'entamer les réformes nécessaires au renforcement des systèmes de santé. Dans cette perspective, il s'est réjoui des actions entreprises par le Niger. Avant de déclarer ouverte la seizième réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO, Son Excellence, Monsieur le Premier Ministre, a réitéré le soutien de la République du Niger à l'Organisation Ouest Africaine de la Santé.

Session de travail

Mise en place du bureau

12. Le bureau de la 16^{ème} réunion ordinaire de l'Assemblée des Ministres de Santé de la CEDEAO a été mis en place comme suit:

Président: Ministre de la Santé du Ghana
Rapporteurs: Bénin
 Burkina Faso

Adoption de l'ordre du jour et du programme de travail

13. La 16^{ème} réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO a adopté le projet d'ordre du jour et de programme de travail à l'unanimité.

Rapport annuel 2014 de la Direction Générale de l'OOAS

14. Le Directeur Général de l'OOAS, le Dr. Xavier CRESPIN, a présenté le rapport annuel d'activités 2014 de l'OOAS.

Commentaires

15. Les Ministres de la Santé de la CEDEAO ont félicité le Directeur Général pour la qualité du rapport et ont manifesté leur satisfaction pour le travail accompli au cours de l'année 2014.

16. Les discussions se sont focalisées sur les points ci-après:

- la non réalisation de certaines activités liée à l'insuffisance des ressources financières (prélèvement communautaire) mises à la disposition de l'OOAS,
- la nécessité pour les Etats de tout mettre en œuvre pour que l'OOAS puisse véritablement jouer son rôle de leader en matière de santé au sein de la CEDEAO ;
- l'importance du rôle de l'OOAS dans la coordination des activités de lutte contre les épidémies et particulièrement celle de la maladie à virus Ebola;
- les appuis importants de l'OOAS aux pays dans le cadre de la lutte contre Ebola;
- le déficit de partage des données épidémiologique au début de l'épidémie de la MVE;
- la création d'un autre Centre de Contrôle des Maladies (CDC) Ouest Africain ou la possibilité d'ériger celui du Nigéria en une structure régionale;
- l'insuffisance des Ressources Humaines au niveau de l'OOAS limitant ses capacités opérationnelles.

17. A l'issue de leurs discussions les Ministres de la santé ont fait les recommandations suivantes:

Aux pays:

- Renforcer le plaidoyer auprès des Gouvernements des Etats membres pour la mise à disposition de plus de ressources financières (du prélèvement communautaire) à l'OOAS;
- Prendre toutes les dispositions afin que l'OOAS puisse véritablement jouer son rôle de leader en matière de santé au sein de la CEDEAO;
- S'approprier davantage les interventions de l'OOAS;
- Accentuer le plaidoyer auprès des Gouvernements afin de renforcer les capacités opérationnelles de l'OOAS à travers le recrutement des ressources humaines suffisantes;
- Elaborer des plans appropriés pour la reconstruction des systèmes de santé des pays affectés par la MVE, en perspective des prochaines rencontres (avril et mai 2015) sous l'égide respectivement de la Banque mondiale et du Secrétariat Général des Nations Unies.

A l'OOAS:

- Capitaliser les leçons apprises de la lutte contre l'épidémie de la MVE;
- Renforcer la coordination des Interventions des partenaires en santé dans la région;

Présentation de la situation de l'épidémie de la maladie à virus Ebola

18. Le Directeur du Département de la Lutte contre la Maladie et les Epidémies de l'OOAS, le Dr Carlos BRITO a présenté une communication sur l'évolution de la situation de l'épidémie de la maladie à virus Ebola, les principales actions menées par CEDEAO/OOAS et les perspectives.

19. Dans sa présentation, il a relevé la contribution multiforme des pays et les appuis importants des partenaires.

20. Ces efforts ont permis le contrôle de l'épidémie qui se traduit par une baisse progressive des cas depuis plusieurs semaines.

21. Toutefois, il a lancé un appel pour la poursuite des actions afin de stopper définitivement l'épidémie dans notre espace.
22. Les Ministres ont pris acte des informations sur l'évolution de la situation de l'épidémie de la MVE et ont réitéré leur compassion et leur soutien aux pays durement éprouvés.

Rapport du Comité des Experts de la Santé

23. Le rapport a été présenté par le Président de la réunion du Comité des Experts de la Santé, le Dr Kyei-Faried S. de la République du Ghana.

Rapport du Forum des Partenaires

24. Le rapport du Forum des Partenaires a été présenté par le Chef de file des Partenaires, Dr Assimawé PANA, Représentant de la Directrice Régionale de l'OMS/AFRO.
25. L'Assemblée des Ministres de la Santé a pris acte du rapport et a félicité les partenaires pour leur appui constant au renforcement de la santé des pays de la CEDEAO. Toutefois, ils ont souhaité voir s'approfondir le partenariat avec l'OOAS pour de meilleurs résultats au profit des populations.

Décisions de l'Assemblée des Ministres de la Santé de la CEDEAO

26. L'Assemblée des Ministres de la Santé de la CEDEAO a adopté le rapport annuel 2014 de la Direction Générale de l'OOAS.
27. L'Assemblée des Ministres de la Santé a adopté le rapport du Comité des Experts en Santé.
28. L'Assemblée des Ministres a adopté les projets de résolutions proposés par le Comité des Experts à savoir:
 - 1) Le Projet de résolution sur les curricula harmonisés de formation des professions des Pharmaciens et auxiliaires de pharmacie dans l'espace CEDEAO;
 - 2) Le Projet de résolution sur les curricula harmonisés de formation des Disciplines Associées de Santé dans l'espace CEDEAO;
 - 3) Le Projet de résolution sur le Plan Régional pour le contrôle et l'élimination du Paludisme dans l'espace CEDEAO;
 - 4) Le Projet de résolution sur le Mode de calcul des 15% de la Déclaration d'Abuja;
 - 5) Le Projet de résolution sur le Plan pharmaceutique Régional.

Date et lieu de la prochaine réunion ordinaire de l'Assemblée des Ministres de la Santé

29. Les Ministres de la Santé ont convenu de la tenue **en 2016 au Guinée Bissau** de la prochaine réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO. La date exacte de la réunion fera l'objet d'un communiqué ultérieur en fonction du calendrier national du pays désigné.

30. Une concertation à huis clos a eu lieu entre les Ministres de la Santé, entre autres, sur les questions d'intérêts communs en matière de santé.

Communiqué Final

31. Le Directeur Général de l'OOAS, le Dr Xavier CRESPIAN a procédé à la lecture du Communiqué final sanctionnant les travaux de la 16ème AMS de la CEDEAO.

Motions de Remerciements

32. Le Ministre de la Santé du Burkina Faso, le Dr Prosper DJIGUIMDE, a lu une motion de remerciements aux autorités Nigériennes au nom de ses pairs et de l'ensemble des participants.

Cérémonie de Clôture

33. La cérémonie de clôture a été marquée par l'allocution de M. le Ministre de la Santé du Niger. Dans son intervention, il s'est réjoui de la qualité des travaux au cours des différentes sessions et de la pertinence des résultats atteints. Il a lancé un appel à l'endroit des pays et de l'OOAS pour la mise en œuvre effective de l'ensemble des recommandations et résolutions adoptées. Il a tenu à remercier et à encourager l'OOAS pour le travail accompli avant de souhaiter bon retour à l'ensemble des participants.

Niamey, le 13 mars 2015

**Pour l'Assemblée des Ministres de la Santé de la CEDEAO,
Le Président de l'Assemblée des Ministres de la Santé de la CEDEAO,
DR Kwaku AGYEMANG-MENSAH,
Ministre de la Santé du Ghana**

Annex D
Final Communique of Health Ministers' Meeting



**SEIZIEME REUNION ORDINAIRE DE L'ASSEMBLEE DES
MINISTRES DE LA SANTÉ DE LA COMMUNAUTE ECONOMIQUE
DES ETATS DE L'AFRIQUE DE L'OUEST (CEDEAO)**

Niamey, République du Niger

13 mars 2015

COMMUNIQUÉ FINAL

34. La Seizième réunion ordinaire de l'Assemblée des Ministres de la Santé de la Communauté Économique des États de l'Afrique de l'Ouest (CEDEAO) s'est tenue à l'Hôtel Gaweye à Niamey, République du Niger, le 13 mars 2015.
35. La cérémonie d'ouverture, qui s'est déroulée au Palais des Congrès de Niamey, a été présidée par SEM. Brigi RAFINI, Premier Ministre du Niger, en présence du Président de l'Assemblée Nationale du Niger, des Membres du Gouvernement, des Autorités Politiques et Militaires de la République du Niger, des Ministres de la Santé des Etats membres de la CEDEAO ou leurs représentants, des membres du Corps Diplomatique et Consulaire accrédité en République du Niger, du Représentant Spécial du Président de la Commission de la CEDEAO, du Représentant de la Directrice Régionale de l'OMS pour l'Afrique, du Directeur Général de l'OOAS, Dr Xavier Crespin et du Directeur Général Adjoint de l'OOAS, Dr Laurent A. Assogba, des Partenaires au développement, des Experts en Santé des 15 pays de la CEDEAO, des Points Focaux/Pays et du personnel de l'OOAS.
36. Les personnalités suivantes ont pris la parole lors de la cérémonie d'ouverture:
- Le Gouverneur de la Région de Niamey, Mr Hamidou GARBA;
 - Le Directeur Général de l'OOAS, Dr Xavier Crespin ;
 - Le Président en exercice de l'Assemblée des Ministres de la Santé de CEDEAO, le Ministre de la Santé de la République du Ghana, Dr Kwaku AGYEMANG-MENSAH,
 - Le Premier Ministre du Niger, Son Excellence Monsieur Brigi RAFINI.
37. Les travaux des Ministres de la Santé se sont poursuivis après la cérémonie d'ouverture à l'Hôtel Gaweye de Niamey.
38. Les Ministres de la Santé de la CEDEAO ont examiné en détail les points inscrits à l'ordre du jour de la réunion et l'ont adopté.
39. Le bureau de la 16^{ème} Réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO a été mis en place avec la République du Ghana à la Présidence, la République du Bénin et de la République du Burkina Faso en qualité de rapporteurs,
40. Les Ministres ont exprimé leurs remerciements à la Direction Générale et au personnel de l'OOAS pour la qualité du travail accompli et pour l'organisation de la présente réunion de l'Assemblée des Ministres de la Santé de la CEDEAO.
41. Les Ministres de la Santé ont suivi, avec intérêt, la présentation du rapport annuel d'activités 2014 du Directeur Général de l'OOAS dont le contenu a porté sur les problèmes majeurs de santé dans la région, les performances programmatiques et financières de l'Organisation, les partenariats en cours et envisagés, les défis et les perspectives.
42. Les Ministres ont apprécié la qualité du Rapport Annuel d'activités de la Direction Générale de l'OOAS pour la période concernée.

43. Les Ministres de la Santé ont eu des discussions sur :
- la non réalisation de certaines activités liée à l'insuffisance des ressources financières (prélèvement communautaire) mises à la disposition de l'OOAS;
 - la nécessité pour les Etats de tout mettre en œuvre pour que l'OOAS puisse véritablement jouer son rôle de leader en matière de santé au sein de la CEDEAO ;
 - l'importance du rôle de l'OOAS dans la coordination des activités de lutte contre l'épidémie de la maladie à virus Ebola;
 - les appuis importants de l'OOAS aux pays dans le cadre de la lutte contre Ebola;
 - le déficit de partage des données épidémiologiques au début de l'épidémie de la MVE;
 - la création d'un nouveau Centre de Contrôle des Maladies (CDC) Ouest Africain ou la possibilité d'ériger celui du Nigéria en une structure régionale;
 - l'insuffisance des Ressources Humaines au niveau de l'OOAS limitant ses capacités opérationnelles.
44. Les Ministres de la Santé ont adopté le Rapport Annuel 2014 de la Direction Générale de l'OOAS.
45. Les Ministres ont examiné et adopté le rapport de la réunion des Experts de la Santé de la CEDEAO.
46. Les Ministres de la Santé ont adopté les résolutions qui leur ont été soumises par le Comité des Experts en Santé.
47. Les Ministres ont pris acte du rapport du forum des partenaires et ont félicité les partenaires pour leur appui constant au renforcement de la santé des pays de la CEDEAO.
48. Les Ministres de la Santé ont fait des recommandations aux pays relatives à la mobilisation de plus de ressources en faveur de l'OOAS, une meilleure appropriation des interventions de l'OOAS, le renforcement de son leadership et des capacités en Ressources humaines. En outre, ils ont recommandé aux trois pays affectés par la MVE d'élaborer des plans appropriés de reconstruction de leurs systèmes de santé.
49. Les Ministres de la Santé ont recommandé à l'OOAS de traduire en actions les leçons apprises de la gestion de l'épidémie de la maladie à virus Ebola et de renforcer la coordination des interventions des partenaires dans la région.
50. Les Ministres de la Santé s'engagent à faciliter la mise en œuvre des recommandations et des résolutions adoptées.
51. Les Ministres de la Santé de la CEDEAO ont lancé un appel à la communauté internationale pour accroître leurs appuis aux pays durement éprouvés par l'épidémie de la maladie à virus Ebola
52. Les Ministres ont exprimé leur profonde gratitude à **Son Excellence M. Issoufou MAHAMADOU, Président de la République du Niger**, au Gouvernement et au peuple Nigérien, pour l'accueil chaleureux, l'hospitalité et toutes les facilités mises à leur disposition à l'occasion de la 16^{ème} réunion ordinaire de l'AMS de la CEDEAO.

53. Les Ministres ont approuvé la tenue de la prochaine réunion ordinaire de l'Assemblée des Ministres de la Santé de la CEDEAO en 2016 en Guinée Bissau. La date exacte de la réunion fera l'objet d'un communiqué ultérieur en fonction du calendrier national du pays désigné.

Niamey le 13 mars 2015

**Pour l'Assemblée des Ministres de la Santé de la CEDEAO,
Le Président de l'Assemblée des Ministres de la Santé de la CEDEAO,
Dr Kwaku AGYEMANG-MENSAH,
Ministre de la Santé du Ghana**

Annex E
Final Report of Partners' Meeting



**16^{ème} REUNION ORDINAIRE DE L'ASSEMBLÉE DES MINISTRES
DE LA SANTÉ DE LA CEDEAO
L'HOTEL GAWEYE, NIAMEY, REPUBLIQUE DU NIGER**

DU 12 MARS 2015

RAPPORT DE LA REUNION DU FORUM DES PARTENAIRES

(A) INTRODUCTION

1. En marge des travaux de l'Assemblée des Ministres de la santé, le forum des partenaires s'est tenu le 12 mars 2015 à l'hôtel GAWEYE, Niamey, Niger.
2. Les partenaires ci-dessous énumérés ont pris part à la rencontre (voir liste).
3. Le Directeur Général et le Directeur Général Adjoint, les directeurs de département de l'OOAS ainsi que des membres du staff de l'OOAS et de la commission de la CEDEAO ont également participé à la rencontre

(B) CEREMONIE D'OUVERTURE

Après une brève introduction par le responsable de l'organisation, un mot introductif du chef de file a été prononcé par le représentant de l'OMS, qui a souhaité la bienvenue au nom de la Directrice régionale empêchée, il a apprécié le partenariat exemplaire qui a prévalu dans la gestion de l'épidémie de la MVE et remercié le DG de l'OOAS pour l'initiative de l'organisation de ce forum des partenaires.

Le discours d'ouverture a été prononcé par le Directeur Général de l'OOAS. Après avoir souhaité la bienvenue aux partenaires le Directeur Général les a remerciés pour leur présence effective et massive au forum. Il a aussi transmis ses vifs remerciements à l'OMS pour avoir accepté d'être le chef de file des PTF de la CEDEAO et l'UNICEF pour avoir pris l'engagement de partager une présentation sur les mesures d'hygiène et assainissement en direction de la maladie à virus Ebola et au-delà. Il a également indiqué l'importance d'un tel cadre de concertation qui doit permettre une coordination des actions multiples et multiformes des divers intervenants afin d'obtenir un meilleur impact des dites interventions. C'est ainsi qu'il a lancé un appel pour le renforcement de la collaboration et du partenariat avec d'autres institutions et organismes ainsi qu'avec des acteurs de la société civile et du secteur privé en vue du renforcement des systèmes de santé encore plus affaiblis avec l'apparition de l'épidémie de la maladie à virus Ebola. Il a enfin souhaité plein succès au Forum qu'il a été déclaré ouvert.

(C) DEROULEMENT DES TRAVAUX

C1 Cette session a débuté par la mise en place du bureau. Ce bureau se compose comme suit :

Présidence :	OMS
Rapporteurs :	MSH/AMP

ORDRE DU JOUR

C2 Le projet d'agenda a été présenté, amendé et adopté comme suit (voir annexe). Par la suite les différents participants se sont tour à tour présentés.

Déroulement des travaux :

PRESENTATIONS DE L'OMS SUR :

- **LA SITUATION DE L'EPIDEMIE DE LA MALADIE A VIRUS EBOLA (MVE)**

C3 La première présentation de l’OMS a porté sur la situation épidémiologique avec un focus sur les trois pays les plus touchés (Guinée, Libéria et Sierre Leone), évaluation du risque de l’épidémie, les principales stratégies de réponse à l’épidémie, les leçons apprises, la préparation à la réponse, les problèmes, défis et perspectives. Il est à noter que les précédentes épidémies étaient principalement observées dans les villages reculés depuis 1976 ; par contre l’épidémie actuelle affecte les milieux rural et urbain dans les 3 pays avec intense transmission et est la plus étendue, la plus longue, la plus sévère et la plus complexe jamais observée depuis 1976 : plus de 24 000 cas dont près de 10 000 décès (à la date du 11 mars 2015).

➤ **LE PROCESSUS GLOBAL POUR REVITALISER LES SYSTEMES DE SANTE DES TROIS PAYS DUREMENT TOUCHES PAR L'EPIDEMIE**

C4 La deuxième présentation de l'OMS s'est focalisée sur les initiatives pour la reconstruction des systèmes de santé (réunion de haut niveau sur le renforcement des systèmes résilients pour la santé dans les pays touchés par le virus Ebola à Genève en Décembre 2014 et la réunion « De l’urgence au redressement » de Bruxelles en Mars 2015), l’impact de l’épidémie et principaux résultats, recommandations et les prochaines étapes.

Les aspects suivants ont été tour à tour évoqués : les activités de suivi post Ebola, le « Ebola Recovery Assessment » (ERA), les ERA thématiques groupes de travail (santé, nutrition et eau, assainissement et hygiène ; gouvernance, renforcement de la paix et cohésion sociale ; infrastructure et services de base ; et revitalisation socio-économique), les effets de EVD sur les SS, les impacts socio-économiques, les messages clefs à délivrer, les approches à dimension régionale, les challenges, les prochaines étapes et enfin les apports des partenaires dans la réponse.

Discussions

Au terme des échanges les conclusions suivantes ont été dégagées :

- La nécessité de se focaliser sur l'amélioration de la gouvernance dans le secteur ou certaines législations sanitaires sont bien obsolètes, la coordination entre les parties prenantes est faible et les organismes de règlementation des normes n’existent pas.
- Le renforcement de la collaboration intra et inter sectoriel;
- L’apparition de la MVE a renforcé la conviction que la santé reste au cœur du développement durable
- La MVE a mis en exergue l’insuffisance de la prise en compte des interactions entre la santé humaine et animale (« One Health ») ;
- La nécessité de lier le RSS du système de santé aux causes structurelles telles que la croissance démographique, la jeunesse de la population, l'augmentation des besoins...)
- La nécessité de mettre en place des réseaux de partage de l’information sur le plan épidémiologique (il peut permettre une meilleure coordination, intégration, réactivité)
- Le besoin de renforcement des SS, au-delà des trois pays les plus affecté, doit concerner la majorité des pays de la CEDEAO
- La réhabilitation des formations sanitaires reste un besoin pressant dans le cadre du financement de la santé
- La prise en compte de la santé environnementale est aussi une priorité dans nos pays fragilisés

- La nécessité de l'harmonisation du type de formation sanitaire à mettre en place
- Le système d'alerte précoce est une bonne chose: dans le cadre d'Ebola il y a eu un retard dans la notification (l'alerte)
- La nécessité de faire en sorte que l'OMS et les PTF appuient plus les trois pays (infrastructures, RH...)
- Le DG a proposé deux présentations de l'OOAS sur le plan régional d'intervention par rapport à la MVE et le Renforcement des SS
- La prise en compte de la santé mentale a été aussi requise par rapport à la souffrance des populations
- La nécessité de présenter une situation financière plus précises au regard des interventions
- La nécessité de renforcer la confiance des communautés vis-à-vis du SS; il urge de prendre en compte cet aspect dans les interventions
- La nécessité du suivi de la mise en œuvre des recommandations lors des instances (exemple les engagements pris par les Etats: 15% Abuja)

PRESENTATION DES GROUPES THEMATIQUES MIS EN PLACE POUR LA REVITALISATION DES SYSTEMES DE SANTE DES TROIS PAYS DUREMENT TOUCHES PAR L'EPIDEMIE DE LA MVE.

C5 La Santé, l'Hygiène et l'Assainissement par l'UNICEF.

C6 La présentation de l'UNICEF s'est focalisée sur ce qui a été fait en termes du WASH dans le cadre de la gestion de l'épidémie, la situation Ebola, les conséquences, les perspectives et les facteurs qui ont contribué à la propagation de l'épidémie.

Discussions

Au terme des échanges les conclusions suivantes ont été dégagées :

- Les données sur le WASH sont collectées à travers les EDS et ne sont pas exploitées, examinées
- Le respect de la réglementation (la réglementation n'est pas respectée par les structures et le personnel de santé) ; il y a nécessité à faire une recommandation dans ce sens
- Aider les états membres à comprendre et reconnaître que :
 1. le virus Ebola est devenu une crise parce que nous avons des systèmes de santé faibles, en particulier dans les zones urbaines où prédominent les bidonvilles.
 2. la coordination et la collaboration intersectorielles sont nécessaires dans la prise de décisions;
 3. la charité bien ordonnée commence par soi-même : quand Ebola a été exportée vers l'Europe et l'Amérique, l'attention a été à son summum. Ainsi l'occasion est offerte pour rencontrer d'autres secteurs et parler de manière plus pertinente avec les ministères de la santé. La santé est la principale cause du reste des problèmes socio-économiques associés au virus Ebola ;
 4. la situation ne doit pas devenir une occasion manquée

C7 Le point sur les vaccins et médicaments dans le cadre de la lutte contre Ebola par l'OMS.

C8 Cette présentation a porté sur le contexte, le rôle de l'OMS, exemple de vaccins en cours, problématiques, prochaines étapes, quelques essais thérapeutiques en cours concernant les médicaments et vaccins.

Discussions

Au terme des échanges les conclusions suivantes ont été dégagées :

- La mise en place d'un groupe travail pour faire une évaluation de tous les essais cliniques qui sont en cours ; cependant il faut à tout prix éviter les duplications de structures (WG WHO);
- La nécessité de réfléchir sur une stratégie urbaine en matière de santé en raison de la tendance 50/50

C9 Une communication a été faite par le Dr Logan GORBEE sur l'expérience de la région de Bomi/Libéria, dans la gestion de l'épidémie de la MVE: quelques bonnes pratiques dans la prise en charge des cas.

C10 Il a parlé de la situation de la répartition des cas dans la région, la prise en charge des cas, l'utilisation des médicaments à titre expérimental tels: la Lamivudine 150mg et le Brincidofovir (avec de bons résultats 13/15 même si on a fait de petits chiffres), d'un plan de traitement qu'il a mis en place, la collaboration et l'appui des survivants dans la sensibilisation et la prise en charge, des partenaires qui ont apporté leurs appuis.

Discussions

- Le forum a apprécié ces initiatives prises et encourage à les randomiser

PRESENTATION DE L'HOPITAL AMERICAIN DE PARIS

C11 Projet de prévention, dépistage et le traitement précoce du carcinome hépatocellulaire en Afrique subsaharienne;

C12 La présentation a tourné autour de l'ampleur de la maladie, méthode de dépistage et de traitement, le suivi du projet, ses possibilités de financement et ses avantages.

PRESENTATION DE Hellen Keller International

C13 Présentation sur mHealth: la surveillance et la quarantaine des cas d'Ebola en Sierra Leone

C14 La présentation a porté sur objectifs, les activités menées (sensibilisation, réponse aux appels téléphonique, la recherche des contacts..), la collecte des données, le suivi, l'impact de l'introduction de mHealth dans la gestion de l'épidémie d'Ebola.

DISCUSSIONS:

- La possibilité de l'application de mHealth sur large échelle;
- La mobilisation des compagnies de téléphonie prêtes à travailler avec la santé même si les MSP restent passifs face à elles

PRESENTATION DES TERMES DE REFERENCES REVISES DU FORUM DES PARTENAIRES

C15 Le chargé de la Mobilisation des ressources de l'OOAS a présenté un résumé de **Termes de Références révisés du Forum des Partenaires**. Il a focalisé son intervention autour des points relatifs à l'historique, la structure et les composantes du forum, l'organigramme et les modalités d'organisation du forum

DISCUSSIONS

- Les TDR ont été adoptés sous réserve de revoir le cadre de concertation et d'échanges avec les points focaux
- La nécessité est apparue aussi de mobiliser la société civile et le secteur privé dans le cadre de ce forum
- Les partenaires suggèrent à l'OOAS de créer un espace pour une rencontre entre les partenaires, les points focaux et les experts techniques.

C16 Le Directeur du Département de la Planification et de l'Assistance Technique a par la suite fait l'état des lieux des recommandations du précédent forum.

REVUE DE LA MISE EN ŒUVRE DES RECOMMANDATIONS DE LA DERNIERE REUNION DES POINTS FOCaux 15^{EME} AMS

C17 La revue des recommandations a été faite par M. le Directeur du Département de la Planification et de l'Assistance Technique.

C18 Sur un total de neuf (09) recommandations faites en 2014, sept (07) sont complètement réalisées, notamment:

- Le choix d'un chef de file pour l'organisation de chaque forum thématique;
- L'appropriation par l'OOAS du Partenariat de Ouagadougou et la direction pour toutes les interventions en matière de planification familiale dans les pays de la CEDEAO;
- La mise en place d'un fonds de réponse aux épidémies qui doit être portée aux ministres de la santé pour décision à prendre;
- Le fait de retenir la lutte anti-vectorielle, y compris l'assainissement du cadre de vie comme un axe important pour l'élimination du paludisme;
- Le projet WARDS étant un projet catalytique, un plaidoyer doit être mené auprès des Ministres de la Santé et du Conseil des Ministres de la CEDEAO pour l'obtention d'un projet plus important pour faire face aux problèmes des épidémies dans la région;
- L'élaboration ou la révision des termes de référence du forum des partenaires;
- L'identification, selon le thème de l'année, de 2-3 présentations de partenaires et partager l'expérience des autres partenaires à travers des posters.

RECOMMANDATIONS DU FORUM

C19 A l'issue des discussions les recommandations suivantes ont été formulées.

A l'OOAS:

- ✓ Améliorer la visibilité institutionnelle et médiatique de ses interventions à travers un plan de communication/ Plaidoyer plus volontaire;

- ✓ Appuyer les pays à asseoir des systèmes de gouvernance plus en phase avec le contexte actuel de transition démographique et la recherche permanente du bien-être des populations de la région : la gouvernance reste une priorité et comprend la coordination entre tous les acteurs du système ainsi que les aspects législatifs et réglementaires relatifs à la santé;
- ✓ Appuyer les pays de la région pour l'élaboration de politiques spécifiques de santé urbaine. Bien que certains plans nationaux contiennent des éléments de santé en milieu urbain, ils peuvent avoir besoin d'aide pour leur mise en œuvre. C'est un engagement multidisciplinaire qui entre dans la mission de l'OOAS pour le renforcement des systèmes de santé avec les pays membres ;
- ✓ Aidez les pays à développer un leadership fort pour répondre aux défis liés à la pression démographique, l'équité, les soins de santé universels, et les questions de santé connexes qui aideront à prévenir mieux de futures crises comme Ebola.
- ✓ Aidez les pays membres à comprendre les leçons à tirer de l'épidémie de la maladie à virus Ebola impliquant pour renouveler notre façon de travailler. Utilisez les nouvelles approches et technologies disponibles et les porter à l'échelle. Aidez les pays à identifier les bailleurs de fonds qui sont intéressés à travailler dans ces domaines ;
- ✓ Aider les partenaires à mieux s'insérer dans le prochain plan et impliquer toutes les parties prenantes dans la planification stratégique ;
- ✓ Penser à inclure une perspective de développement du personnel, particulièrement pour les journalistes et les prestataires de soins de santé restant à former ;
- ✓ Mettre en place des mécanismes auprès des ministres de la santé afin d'assurer que les autorités sont adéquatement préparées pour mettre l'accent sur le secteur de la santé à la prochaine réunion de Washington;
- ✓ Aider les états membres, en particulier ceux les plus touchés, à présenter les interventions prioritaires identifiées lors de crise Ébola,
- ✓ Apportez pour la réunion de Washington des recommandations concrètes et précises ainsi que des sujets de discussion, et non une «shopping list».

Aux Partenaires:

- ✓ Appuyer les initiatives régionales de l'OOAS techniquement et financièrement
- ✓ Aider à la coordination des interventions et partager avec l'OOAS les pratiques à mettre à l'échelle au sein des pays de la CEDEAO
- ✓ Aider à asseoir plus de visibilité à l'OOAS et la renforcer dans son rôle de leader en matière de santé, de développement.

EXAMEN DU RAPPORT DU FORUM DES PARTENAIRES PAR L'AMS

C20 Le rapport du Forum des partenaires a été présenté par les rapporteurs et a été adopté sous réserve de la prise en compte des amendements.

Annex F
Participant list



Sixteenth Ordinary Meeting of the Assembly of Health Ministers of ECOWAS
Seizième Assemblée Ordinaire des Ministres de la Santé de la CEDEAO
Sexta-feira Sessão Ordinária da Assembleia dos Ministros da Saúde

FORUM DES PARTENAIRES
NIAMEY 12 MARS 2015

Liste des participants

No	NOMS	PAYS	ADDRESSES	TEL./FAX	EMAIL
PARTENAIRES					
1.	Dr Enias BAGANIZI	WORLD BANK	Senior Health Specialist – World Bank - 1818 H Street NW – Washington, DC 20433 USA	+(1) 202 458 1811	ebaganizi@worldbank.org
2.	Dr Bineta Ba DIAGNE	BAD	Economiste en Santé – Banque Africaine de Développement (BAD) – Burkina Faso	+226 65 63 45 45	b.ba@afdb.org
3.	Mette KINOTI	HKI	Vice Président – Helen Keller International –Yoff, Toundroup RYA Lot 122 Dakar, SENEGAL	+221 33 869 1063	mkinoti@hki.org
4.	Douglas STEINBERG	HKI	Regional Director, West Africa - Helen Keller International AFRO – 122 Toundroup RYA BP 29898 Dakar, Yoff SENEGAL	+221 33 869 1063	dsteinberg@hki.org
5.	Pr Abou NAPON	CAMES	Directeur des Programmes du CAMES	+226 76 62 03 32	napon_abou@yahoo.fr
6.	Dr Claude Emile RWAGACONDO	RBM/WARN	Coordinateur RBM West and Centre Africa UNICEF WCARO – BP 2972 Dakar, SENEGAL	+221 338695865	cerwagacondo@unicef.org
7.	Dr Alfred Da SILVA	AMP	Directeur Exécutif - Agence de Médecine Préventive (AMP) 164 Rue de VAUGIRARD – 75015 Paris, FRANCE	+33 1 53 86 89 20 Fax:+33 1 53 86 89 39	ads@aamp.org
8.	Paul TANUI	NEPAD	NEPAD Agency – South Africa - Meiring Naude Street, CSIR Campus, Pretoria, SOUTH AFRICA	+27 12 841 49 79	paulk@nepad.org paul@nepadst.org
9.	Backory Joy	UNAIDS	Regional Advisor – UNAIDS Dakar, SENEGAL	+221 774502370	backoryj@unaids.org
10.	Mr Bather KONE	UNION AFRICAINE	Fonctionnaire Scientifique Principal de la Commission Scientifique Technique et de la Recherche de l'Union Africaine – 114, Yakubu Gowon Crescent, Asokoro Abuja, NIGERIA	+234 816 027 17 80	koneb@africa-union.org
11.	Rachel Herr CINTRON	USAID	Director, Regional Health Office - USAID/West Africa – US Embassy, Accra, GHANA	+233 302 74 1311 +233 244 325 972	rcintron@usaid.gov
12.	Bakary MARONG	SIGHT SAVERS	Regional Director - SIGHT SAVERS West Africa – VDN Dakar, SENEGAL	+221 773598240	bmarong@sightsavers.org

No	NOMS	PAYS	ADDRESSES	TEL./FAX	EMAIL
13.	Dr Innocent NZEYIMANA	WHO/APOC	Outbreaks and Disaster Management Focal Point OMS NIGER	+227 90 95 22 31	nzeyimanai@who.int
14.	ROUNGOU Jean-Baptiste	WHO/APOC	Director WHO/APOC – Rue Naaba Zombre – 01 BP 549 Ouagadougou 01, BURKINA FASO	+226 76690350	roungeou@who.int
15.	Dr. Nestor AZANDEGBE	UNFPA/WCARO	Regional Advisor MH/FP – UNFPA/WCARO, DAKAR	+221 33 85 98 282	azandegbe@unfpa.org
16.	Dr Guido BORGHESE	UNICEF/WCARO	Principal Adviser – CSD – BP 29 720 DAKAR - YOFF		gborghese@unicef.org
17.	Mme Kelly Ann Naylor	UNICEF/WCARO	Regional WASH Advisor	+221 77 569 1869	kanaylor@unicef.org
18.	Mrs. Kristin COONEY	MSH	Director, Country Portfolio - Management Sciences for Health – 200 Rivers Edge Drive, Medford, MA 02155	617-250-9168	kcooney@msh.org
19.	Dr Abdoulaye DIAGNE	MSH/WAHO	Senior Technical Advisor – Management Sciences for Health – LMG Project WA – OOAS Bobo	+226 20 97 57 75	adiagne@msh.org
20.	Mr. Michael KIRUMBA	CBM	Regional Director - CBM West Africa Regional Office – BP 13489 Lomé, TOGO	+228 22 26 02 31 +228 22 26 3220 Fax: +228 22 26 45 50	michael.kirumba@cbm.org G
21.	Mr. Naoto NAKAGAWA	JICA	Expert de la JICA – NIGER – BP 10036, Niamey	+227 20 73 55 69	nakagawa.naoto@jica.go.jp
22.	Mr. Hassane M. SANI	JICA	Assistant Program Officer (Health) – Japan International Cooperation Agency (JICA) NIGER Office – BP 10036 Niamey	+227 20 73 55 69	jicani-adm@jica.go.jp mahamansaniHassane.NE@jica.go.jp
23.	Mme SIDIKOU ASSOUMANE	KFW	Senior Coordinator Secteur Santé Education – KFW – Antenne Niamey 11046	+ 227 20 73 27 13	ouma.kaltouna@kfw.de
24.	Mr. Adeoti Mansour	RIPAQS	Secrétaire Général – Bureau Régional RIPAQS – 14 BP 254 Abidjan 14	+225 22 43 04 13 Fax :+225 22 41 72 95	franckmadeoti@gmail.com
25.	Corneille TRAORE	UEMOA	01 BP 543 Ouagadougou 01, BURKINA FASO	+226 25 32 88 45 Fax: +226 25 31 88 72	ctraore@uemoa.int
26.	Dr ZYLBERDERG Louis	HOPITAL AMERICAIN DE PARIS	Médecin – Hôpital Américain de Paris – 63 Bd Victor Hugo 92 200	+ 33 06 18 47 05 36	opd27@ahparis.org
27.	Dr ZYLBERBERG Hervé		Médecin – Hôpital Américain de Paris – 63 Bd Victor Hugo – 92 200	+33 06 61 41 33 91	zylberberg.herve@gmail.com
ECOWAS					
28.	Mr. Albert ADJOU- MOUMOUNI	EBID / ECOWAS	Chef Division Secteur Social Santé Education - BP 2704 Lomé – TOGO	+228 221 68 64 +228 994 68 126 Fax : +228 221 86 84	aadjou@bidc-ebid.org albert.ganiou@gmail.com
WAHO					
29.	Dr Xavier CRESPIEN	WAHO	Directeur Général – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	xcrespin@wahooas.org
30.	Dr Laurent ASSOGBA	WAHO	Directeur Général Adjoint – Organisation Ouest	+226 20 97 57 75	lassogba@wahooas.org

No	NOMS	PAYS	ADDRESSES	TEL./FAX	EMAIL
			Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	Fax: +226 20 97 57 72	
31.	Dr Johanna Austin BENJAMIN	WAHO	Directrice – Département des Soins de Santé Primaires – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	jaustin@wahooas.org
32.	Dr Sansan Stanislas KAMBOU	WAHO	Directeur – Département de la Recherche et du Système d'Information Sanitaire – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	skambou@wahooas.org
33.	Mr. Salifou ZOUMA	WAHO	Directeur – Département de la Planification et de l'Assistance Technique - Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	szouma@wahooas.org
34.	Prof Abdoulaye DIALLO	WAHO	Directeur p.i. – Département de Développement des Ressources Humaines en Sante - Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	adiallo@wahooas.org
35.	Dr Carlos Pedro FARIA DE BRITO	WAHO	Directeur p.i. – Département de Lutte contre la Maladie et les Épidémies – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 78 38 41 79	cbrito@wahooas.org
36.	Mr. Kevin DAVIDSON	WAHO	Directeur p.i -Département de l'Administration et des Finances – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 75 22 15 70 +231 888 6253047	kdauidson@wahooas.org
37.	Dr Namoudou KEITA	WAHO	Professionnel charge des Soins de Santé Primaires – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	nkeita@wahooas.org
38.	Mr. Moctar TRAORE	WAHO	Professionnel chargé de la Communication – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	mtraore@wahooas.org
39.	Prof. Tarpowah KEAR Jr.	WAHO	Professionnel chargé de la Pharmacie – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	tkear@wahooas.org
40.	Mr. Lambert BOTON	WAHO	Traducteur/Interprète – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	lboton@wahooas.org
41.	Mme Isolina MEDINA	WAHO	Traducteur/Interprète – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	amedina@wahooas.org
42.	Mr. Stephen Ajagbe	WAHO	Traducteur/Interprète – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso	+226 20 97 57 75 Fax: +226 20 97 57 72	sajagbe@wahooas.org

No	NOMS	PAYS	ADDRESSES	TEL./FAX	EMAIL
			01, BURKINA FASO		
43.	Me Ely Noel DIALLO	WAHO	Conseiller Juridique – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	ediallo@wahooas.org
44.	Mr. Mahamadi ZONGO	WAHO	Web Master – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	mzongo@wahooas.org
45.	Mr. William TOWAH	WAHO	Budget Officer – West African Health Organization – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	wtowah@wahooas.org
46.	Mme Lalaissa AMOUKOU	WAHO	Administratrice – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	lamoukou@wahooas.org
47.	Mr. Ali SANI	WAHO	Professionnel chargé de la Planification – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	asani@wahooas.org
48.	Mr. Kayode EGBELEYE	WAHO	Advocacy & Communication Officer – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 66236648	kegbeleye@wahooas.org
49.	Albert DIAO	WAHO	Professionnel chargé de la Mobilisation des Ressources - Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 65575556 Fax: +226 20 97 57 72	adiao@wahooas.org
50.	Dr Saidou Mallam EKOYE	WAHO	Conseiller du DG – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 65575556 Fax: +226 20 97 57 72	sekoye@wahooas.org
51.	Dr Sybil Agyemang Osei	WAHO	Professionnelle chargée des Médicaments et Vaccins – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 65575556 Fax: +226 20 97 57 72	sossei@wahooas.org
52.	Dr Clétus ADOHINZIN	WAHO	Professionnel chargé de l'Assistance Technique – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 98 25 06 Fax : +226 20 98 05 05	cadohinzin@wahooas.org
53.	Mme Aminata DAO	WAHO	Documentaliste – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 65575556 Fax: +226 20 97 57 72	adao@wahooas.org
54.	Ms. Hadijatou JANNEH	WAHO	Exécutive Assistant – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	hjanneh@wahooas.org
55.	Mme Clemence SANON	WAHO	Secrétaire Bilingue – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	clemence.sanon@wahooas.org
56.	Mme Fanta KORBEOGO	WAHO	Secrétaire Bilingue – Organisation Ouest Africaine	+226 20 97 57 75	fkante@wahooas.org

No	NOMS	PAYS	ADDRESSES	TEL./FAX	EMAIL
			de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	Fax: +226 20 97 57 72	
57.	Mme Assiata A. KADJO	WAHO	Secrétaire Pool – Organisation Ouest Africaine de la Santé – Ouagadougou, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	akadjo@wahooas.org
58.	Mme Victoire SAWADOGO	WAHO	Aide Comptable – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax: +226 20 97 57 72	esawadogo@wahooas.org
59.	Mr. Yacouba KEITA	WAHO	Machinist/Reprographe – Organisation Ouest Africaine de la Santé – 01 BP 153 Bobo-Dioulasso 01, BURKINA FASO	+226 20 97 57 75 Fax : +226 20 97 57 72	ykeita@wahooas.org
INTERPRETE / TRADUCTEUR					
63.	M. Robert Martins OYEWOLE	NIGERIA	Interprete Freelance	+234 80 80 94 19 33	Bobmart445@yahoo.com
64.	Mme Oyinda DARAMOLA	NIGERIA	Traductrice Freelance		
65.	Dr Steve SYME	GHANA	Interprète	+233 24 40 79 607	Steve_syme@yahoo.com
66.	Mme Safiétou BARRY	BURKINA FASO	Interprète de conférence	+226 70 21 41 14	barrysafietou@gmail.com
67.	M. Hope BEDIAKO	GHANA	Interprète	+233 20 770 88 45	bediakohope@gmail.com
68.	Mme Maria de Fatima SPENCER	CAP VERT	Interprète Freelance	+238 2628041 +238 9871770 Fax: +238 2628042	faspencer@gmail.com