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**T.O. 257A & B**



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## **Trip Report**

### **ECSAHC's Directors' Joint Consultative Committee (DJCC) Meeting**

### **Essential National Health Research (ENHR) Meeting**

### **Epidemiological Society for Southern Africa (ESSA) Meeting**

### **WHO/AFRO Meetings in Brazzaville**

*Nairobi, Kenya; Harare, Zimbabwe; and Brazzaville, Congo:  
August 14-September 2, 1995*

**Suzanne Prysor-Jones**  
SARA Project



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Appendices:

Appendix A: DJCC Meeting List of Participants

Appendix B: DJCC Meeting Program

Appendix C: DJCC Meeting Objectives

Appendix D: ENHR List of Participants

## Acronyms

AIDS	acquired immunodeficiency syndrome
AED	Academy for Educational Development
ARI	acute respiratory infection
BASICS	Basic Support for Institutionalizing Child Survival
BHA	Better Health in Africa
CDD	control of diarrheal diseases
CDR	Division of Diarrheal and Acute Respiratory Disease Control (WHO)
COHRED	Council on Health Research for Development
DHS	Demographic and Health Surveys
DJCC	Directors' Joint Consultative Committee
ECSA	East, Central, and Southern Africa
ECSAHC	East, Central, and Southern Africa Health Community
ENHR	Essential National Health Research
EPI	Expanded Program on Immunization
ESSA	Epidemiological Society for Southern Africa
HHRAA	Health and Human Resources Analysis for Africa
HSR	Health Systems Research Project
ICM	integrated case management of the sick child
IDRC	International Development Research Center
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
MSH	Management Sciences for Health
MOH	Ministry of Health

NGO	non-governmental organization
PRB	Population Reference Bureau
QA	quality assurance
REDSO/ESA	Regional Economic Development Support Office for East and Southern Africa
SARA	Support for Analysis and Research in Africa
STD	sexually transmitted disease
UNICEF	United nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## **Introduction**

The following trip report by Suzanne Pryor-Jones covers the following meetings and discussions:

- ◆ the East, Central, and Southern Africa Health Community's (ECSAHC) Directors' Joint Consultative Committee meeting, held in Nairobi, August 14-16, 1995;
- ◆ meetings with various ECSAHC staff in Nairobi and later in Harare;
- ◆ meetings at WHO AFRO in Brazzaville August 22-25;
- ◆ the Essential National Health Research (ENHR) meeting in Harare;
- ◆ the Epidemiological Society for Southern Africa (ESSA) meeting in Harare;
- ◆ and meetings in Harare with:
  - Dr. Yvo Nuyens the coordinator of the Council on Health Research for Development (COHRED)
  - Dr. David Sanders, University of Capetown
  - Dr. Louis Reynolds, Progressive Primary Health Care Network of Capetown
  - Dr. Alan Ries, WHO Sub-Regional Office & HHRAA's Dysentery and Cholera Control Project

## **The Directors' Joint Consultative Committee (DJCC) Meeting**

The first two and a half days of the DJCC meeting were spent discussing health reform both at country and regional level. The agenda for these sessions had been worked out by Dr. Kinoti, with assistance from Steve Reiman from MSH and myself. The objectives of the sessions were:

- ◆ Sensitize the participants on health reform issues by sharing information through presentations by panelists from the World Bank health-reform initiative Better Health in Africa (BHA) and other sources.

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## *The Directors Joint Consultative Committee (DJCC) Meeting*

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- ◆ Provide an opportunity for participants to share positive experiences and lessons learned in ECSAHC member states in health reform.
- ◆ Identify priority areas requiring increased attention through health-reform efforts.
- ◆ Identify and discuss regional resources that can be mobilized in support of national health reform.
- ◆ Determine initiatives to be undertaken at regional level in support of national health reform.
- ◆ Create an opportunity for consensus building on health-reform priorities.

An introduction to Health Reform in the context of Better Health in Africa was made by Rachel Gumbi and Professor Thairu from the BHA Panel. This was followed by three country presentations on health-reform efforts in Zambia, Tanzania, and Botswana, and some plenary-session discussion.

Three group sessions were organized following this:

- ◆ to discuss priority health-reform issues at country level and capacity building activities needed to support these. This session was introduced by a short presentation by Prysor-Jones to define capacity building and offer some reflections on capacity-building activities;
- ◆ to identify needs for regional capacity-building initiatives in the light of the country priorities identified in the first group session. Prysor-Jones also introduced this session by presenting different types of regional initiatives and reflections on issues that emerged from the paper "Regional Initiatives for Capacity Building in the Health Sector," prepared for SARA by Hugh Waters for the DJCC Meeting;
- ◆ to suggest next steps in developing regional initiatives identified in the second group session, in the light of institutional and other resources available in the ECSAHC region.

In the light of national health-reform priority issues and capacity-building activities, the Directors recommended the following regional initiatives for capacity building to support national health-reform efforts.

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## *Regional Information Center for Health Reform issues*

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### *Regional Information Center for Health Reform issues*

This would include:

- ◆ facilitating the sharing across countries of:
  - tools for health reform
  - training modules on health reform issues
  - guidelines and standards
  - policy guidelines
  - alternative strategies implemented (lessons learned)
- ◆ developing a data base of regional resources
- ◆ promoting the sharing of resources (technology and facilities)
- ◆ keeping a roster of consultants
- ◆ tracking donor activities and priorities and the work of international agencies

DJCC recommended analyzing the constraints of the CRHCS Information Center, developing a project to expand its mandate to cover health-reform issues, and strengthening its personnel and resources. The meeting also recommended the strengthening of national information centers to do more outreach and linking with health ministries and other institutions.

### *Regional Drug Policy Initiative*

This would include:

- ◆ training in the rational use of drugs
- ◆ compiling drug policies from WHO, national, and regional resources
- ◆ developing and sharing essential-drugs lists
- ◆ establishing a regional task force on the rational use of drugs
- ◆ establishing quality-control processes with involvement of quality-assurance labs and research and training institutions

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## *Regional Health Financing Initiative*

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### *Regional Health Financing Initiative*

A regional network or initiative should assist with:

- ◆ the development of skills within ministries and among policymakers
- ◆ the mobilization of resources
- ◆ the cost-effective management of resources
- ◆ the establishment of accountability systems
- ◆ efforts to minimize costs of specialized care
- ◆ utilization of local consultants
- ◆ sharing across countries of information, technology, and human resources

This could be done by:

- ◆ expanding the existing East African Finance Network (started by REDSO/ESA) to include other countries in the region
- ◆ facilitating consultations with current role players to expand the existing network and/or establish a new information-exchange mechanism
- ◆ facilitating the distribution of information and suggestions to countries in the region, inviting them to participate in the structuring of the initiative
- ◆ review the institutional framework and terms of reference of the network

### *Regional Quality Assurance Initiative*

A regional initiative should:

- ◆ develop skills in QA
- ◆ develop QA tools
- ◆ develop standards for basic equipment

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## *Regional Initiative to Support Research on Health Reform Issues*

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- ◆ compile an inventory of institutions in the region that can contribute to the initiative

Kenya, Zimbabwe, South Africa, and Tanzania are particularly interested in this initiative.

### *Regional Initiative to Support Research on Health Reform Issues*

This would include:

- ◆ developing research methodologies for health reform
- ◆ transferring skills for research on health-reform issues
- ◆ keeping an updated database of training and research institutions
- ◆ collecting and disseminating research findings, especially on common issues
- ◆ identifying research needs for and on health reform
- ◆ developing and implementing a research agenda for health reform in the region (inter-country collaboration on common issues)
- ◆ identifying available research on the results of health reform and sharing lessons learned
- ◆ translating research results into policy and program actions

### *Regional Human Resource Development Initiative*

This would include:

- ◆ commissioning an assessment on human-resource development for health reform in the region
- ◆ institutionalizing HRD activities within the ECSAHC to:
  - develop a database on HRD in the region
  - review and standardize curricula
  - support strategic-plan development at country level
  - share training opportunities

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## ***Regional Advocacy Initiative for Politicians on Health Reform***

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- ♦ provide or organize technical assistance
- ♦ identifying centers of excellence in the region for HRD in health-reform areas
- ♦ identifying gaps in curricula offered by regional institutions

## ***Regional Advocacy Initiative for Politicians on Health Reform***

This would include:

- ◆ involving the OAU to reach heads of states
- ◆ organizing meetings with ministers
- ◆ organizing fora on health reform with ministers, directors, and deans
- ◆ organizing fora for parliamentarians
- ◆ repackaging materials for advocacy among politicians
- ◆ using professional associations and councils to reach health workers on health-reform issues
- ◆ developing materials on health reform for communities and health workers
- ◆ involving universities in health-reform issues
- ◆ doing advocacy with communities through and with NGOs

Following the sessions on health reform, Stephen Kinoti, Steve Reiman, and I went over the suggestions of the group and planned out some next steps for three of the seven areas. Dick Sturgis of REDSO was consulted and also made suggestions on these. They include contacting the various projects and institutions that can be of assistance in pushing forward on the initiatives, without placing an untenable burden on ECSAHC, which is already quite stretched. Further discussions on this will take place in Washington in late October, when both Kinoti and Sturgis should be visiting the U.S.

## ***Presentations on Secretariat activities by ECSAHC Staff***

These included presentations on reproductive-health research and follow-up (an excellent presentation showing the whole process from definition of re-

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## *Meetings with Commonwealth Secretariat Staff*

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search questions through to dissemination, advocacy, and follow-up of policy and program changes), nutrition, nursing, information dissemination, and management issues.

### **Meetings with Commonwealth Secretariat Staff**

#### *Nursing Coordinator*

- ◆ we discussed with Mrs. Margaret Loma Phiri the importance of working in team, especially with Research Coordinator Kinoti, and Assistant Coordinator for Dissemination, Gikaru.
- ◆ issue of reforming whole curricula or starting with priority issue, e.g., STDs (Sahel experience).
- ◆ need to start from what is being done at present—gather information about how STDs are being taught now. Stephen Kinoti and Winnie Mpanju-Shumbusho could help with this.
- ◆ exchange of experience is key role of ECSAHC, and was raised as need by DJCC. Lawrence Gikaru could assist with this.
- ◆ importance of going to Zambia to see how the curricula are being adjusted to take health reforms into account. Dr. Nyaywa extended an invitation to this effect.
- ◆ Margaret felt she needed to discuss priorities and strategies with colleagues at ECSAHC before drafting a proposal (or proposals) for next steps.
- ◆ I encouraged her to write small proposals first, to get things going and gain credibility: show that Nursing can work in a new way, in collaboration with others, since many fear the old professional interest approach.
- ◆ I explained ways in which SARA might be able to help, e.g., through JHPIEGO, using Dr. May Post's technical expertise, assisting her in contacting other U.S.-based resources
- ◆ I promised to sent her some information and names from the American Association of Nurses and Midwives.

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## *Assistant Coordinator for Dissemination*

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### *Assistant Coordinator for Dissemination*

- ◆ Lawrence Gikaru and I discussed the need to visit other countries in the region to work with the selected dissemination centers. This is the only way to move forward effectively to develop individual country workplans that can be supported by SARA and ECSAMIC. Lawrence will plan travel to Namibia, Malawi, Zambia and Botswana in September-October. He will let us have the itinerary at least a month in advance, for cable purposes.
- ◆ Lawrence stressed the importance of ECOSA transmitting the purchase orders to be signed by AED with the various centers. Since ECOSA has the role of monitoring the work done, according to the workplans developed with each center, he felt that it is most appropriate for ECSAMIC to at least send a cover letter with the POs. I asked Lawrence to e-mail Judy on this, to see how to work out the best means of transmission, to draft a model cover letter, etc.
- ◆ I encouraged Lawrence to sit down with Catherine Siandwazi, the Coordinator for Food and Nutrition, to see if she has any needs in preparation for the Nutrition Experts Meeting in November and, in general, for dissemination of materials for improving nutrition programming. Catherine has not used Lawrence's services so far, and I promised to bring this up with her and Professor Thairu.
- ◆ Christina, a U.S. volunteer, arrived about a month ago, and will be at the Secretariat for a year. She is quite interested in Lawrence's work, and would like to have some responsibility for following up on some projects. Lawrence is agreeable to this and will identify some areas for her. She may help in following up on some of the national dissemination centers. She could also perhaps be particularly involved with CEDHA—one of the Tanzanian collaborating centers, which is in Arusha.

### *Coordinator for Nutrition and Executive Secretary*

- ◆ Catherine Siandwazi had sent off the questionnaires for the follow-up of the Makerere workshop. She has had difficulty getting responses, however, and pointed out that she has no budgetary vote at the Secretariat for sending faxes and international calls. This is one reason that she has not been in touch with us often.

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## *Meetings in Harare with Professors Kinoti and Thairu*

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- ◆ ECSAHC, with Julia's help, found funding from IDRC to hire two consultants to work on the update of the 1991 Training Assessment. Catherine promised to send us some materials about this update.
- ◆ Catherine is planning to hold the nutrition experts meeting in late November. She has some sources of funding for this already, and the Secretariat did send off the letter that SARA prepared to seek some World Bank support. AED funding may be required to fill in some gaps, however.
- ◆ Dr. Kavishe in the UNICEF Regional Office had been planning a regional meeting of nutrition directors. He decided with Catherine, however, that a single meeting would make more sense.
- ◆ Professor Thairu is reflecting on the best organizational arrangements for the management of the USAID/AED support that is planned. He would like to have a project committee to oversee the work, and agreed that Dr. Kinoti and also the Nursing Coordinator should be on the committee.
- ◆ He feels that the training person to be hired under the project should probably have consultant status, and thus also be a member of this committee.
- ◆ Professor Thairu feels that the idea of resuscitating the sub-committees of the Nutrition Expert Group (e.g., for training, research, and evaluation, etc.) is a sound one.
- ◆ Professor Thairu would prefer that the AED person to be hired in the region work on a part-time basis. S/he would have specific tasks/projects to follow up on, and would also attend some management committee meetings in Arusha.
- ◆ Thairu and Catherine would welcome a visit to Arusha by Ellen and myself to work out the details of the sub-agreement with ECSAHC. October would be a good time for this, from their point of view.

### *Meetings in Harare with Professors Kinoti and Thairu*

The following issues were discussed with Stephen Kinoti. Professor Thairu was consulted on some of the key issues, as indicated:

**1996 Chairpersons Meeting.** During the 1995 Chairpersons Meeting on Breastfeeding and Infant Feeding, it was suggested that the next meeting

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## *Meetings in Harare with Professors Kinoti and Thairu*

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should address wider child-survival issues, including pediatric AIDS. Professor Thairu agrees with Kinoti's suggestion that ECSAHC start planning this meeting, clarifying objectives and looking for funding. There was agreement that it would be useful to discuss integrated case management and implications for teaching and research of the recently developed WHO/UNICEF tools for ICM.

**Guide for Preparing Integrated Case Management.** Dr. Kinoti gave me some useful feedback on the Preparatory Guide for ICM. He feels that there will be some resistance if ICM is presented as a new idea, since standard pediatrics teaching in the region has always followed an integrated approach. This remark is particularly relevant for dealing with pre-service training situations, and may require some modifications, especially in the introductory chapters of the Guide.

**Follow-up of 1995 Chairpersons Meeting on the Integration of Breastfeeding and Infant Feeding into pre-service curricula.** Dr. Winnie Mpanju-Shumbusho has written to all participants to inquire about follow-up activities, and to ask if any assistance from ECSAHC is required to implement any aspects of the workplans developed during the meeting.

**Joint Health Systems Research (HSR) Project and Commonwealth Secretariat proposal to update HSR training modules and introduce them into curricula in the region.** Kinoti and I had a joint meeting with Professor Mwaluko and Amanda Legrand of the Health Systems Research Project. We went over the proposal developed by Kinoti to update the modules and integrate them into various training schools. We agreed that:

- ◆ a preparatory phase of information-gathering on how research methods are currently being taught should be added.
- ◆ the small multidisciplinary group that revises the modules should also be involved in a pre-test of them in one of the ECSAHC countries.
- ◆ there needs to be greater clarity on the priority institutions targeted and on the strategy proposed for influencing their teaching.
- ◆ it was agreed that training the trainers at the selected institutions would be the central strategy.

**Consultations in Washington with Professor Kinoti.** During our discussions in Nairobi and Harare, several issues were raised that would benefit from wider consultations with HHRAA, BASICS, WELLSTART, etc. In the event that a visit

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## *Meetings in Harare with Professors Kinoti and Thairu*

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to Washington for Dr. Kinoti can be planned for late October or early November, the following agenda items could be discussed at that time:

- ◆ Review of the current status of the sub-contract with ECSAHC (Consequences of Abortion Study and follow-up, and the dissemination component). It will be useful to involve JHPIEGO for part of this review.
- ◆ Briefing for HHRAA and SARA staff on ECSAHC ongoing projects and future plans (including participation in the IDRC-funded research in Tanzania on implementing minimum packages, reproductive health activities, follow-up on regional support for Health Reform, etc.).
- ◆ The 1996 Chairpersons Meeting on Child Survival. It would be useful for Kinoti to consult with BASICS technical and operations people on the objectives and content of this meeting. Kinoti will also need to find some financial support for the event, and preliminary discussions on possible sources both with BASICS and the Africa Bureau will be needed.
- ◆ Needs for further analysis of the maternal-mortality study. Kinoti feels that there is merit in further analysis of the data collected by ECSAHC and partially analyzed in 1992-93. He will bring with him the necessary information on what has already been done and what is available in the database, for discussions with Dr. Duale and DHS/MACRO.
- ◆ Development of "Tools for Research and Data Analysis." Discussion of the joint HSR/ECSAHC proposal to upgrade existing HSR modules and integrate them into pre-service curricula.
- ◆ Follow-up activities after the Chairpersons Meeting on Integrating Breastfeeding and Infant Nutrition in the Preservice Curricula of ECSAHC. WELLSTART should be involved here.
- ◆ Adolescent Health Project. Given HHRAA's ongoing interest in Adolescent Health, it would be useful to hear ECSAHC's plans for following up on the use of recent research in this area. PSI, PRB, the Global Bureau, and others may be interested in this.

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## *Visit to WHO/AFRO August 22-25th*

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- ◆ Need for repackaging research for effective presentations to decisionmakers. This is a problem that ECSAHC would like to address, possibly under the dissemination component of the sub-contract.

## **Visit to WHO/AFRO August 22-25th**

### *Discussions with Dr. Antoine Kabore, CDD Program Manager*

His main concerns are:

- ◆ The implementation of Integrated Case Management (ICM). There is no clear strategy for implementation. One problem is that evaluation of CDD and ARI up till now has not been sufficient or has not been done in a way that facilitates drawing out lessons learned to apply to ICM.
- ◆ A large problem is the low level of ability among trainers in the region. Even for CDD and ARI, training has not always had the desired effects. This is not a good omen for ICM training, which is more complex.
- ◆ Pre-service training in para-medical as well as medical schools needs attention. This was discussed with Adama Kone in July. BASICS/Dakar does not at present have anyone working on the para-medical schools, since Mamadou Sene is no longer assigned to this task, even though he is well suited to it.

CDD at AFRO is in the process of developing a new strategy. Its salient points are:

- ◆ CDD now has three field officers to assist Dr. Kabore. Dr. Musinde in Abidjan, Dr. Ali in Ethiopia (on a short-term contract), and Dr. Fagbule, based in Brazzaville and covering some of the East and Southern Africa Anglophone countries.
- ◆ The strategy is one of promoting CDD within ICM, and thus assisting countries with whatever initiatives they are taking to implement ICM.
- ◆ Cooperation with NGOs is being given greater emphasis. They are to participate in the development as well as the implementation of the strategy.

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## *Discussion with Evelyn Isaacs, Birgit S. Hansen and Okwo Bele*

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- ◆ There will be concentration on eleven countries. Selection criteria include high infant mortality, political commitment to child-survival programs, and a reasonable operating environment. These include Nigeria, Zaire, Kenya, Malawi, Tanzania, Ghana, Mali, Niger, and Uganda.
- ◆ Evaluation criteria are being set up for the 1996-2000 period.

### *Discussion with Evelyn Isaacs (Nurse Training at AFRO), Birgit S. Hansen (EPI/Geneva) and Okwo Bele (EPI/AFRO)*

WHO/Geneva has developed a package of materials as a teaching aid on EPI for Nursing and other pre-service training schools. The discussions centered on how to introduce the materials in Africa, and how to find funding for a French version of the materials. A proposal for \$75,000 to cover the translation, reproduction, and dissemination of the materials had been submitted to BASICS, which declared itself unable to come up with the funds. In fact, the bulk of the materials consist of modules that are already available in French. The cost of translation and reproduction (of 500 copies) can therefore be greatly reduced. Birgit Hansen agreed to send a revised budget to Okwo, who will then resubmit it for funding to BASICS, with a copy to HIRAA. Okwo has only a total of about \$20,000 in his budget for the reproduction of materials, so is unable to fund the activity directly. My feeling is that BASICS ought to be able to fund this (budget will probably be about \$10-15,000). SARA could perhaps assist if this proves too cumbersome.

We discussed possible ways of introducing the materials into the schools. One forum to introduce the materials is a meeting of Chief Nursing Officers from 15 countries to be held in Benin in October. Another, probably more promising, is to discuss the issue at the Francophone EPI Managers Meeting to be held in November.

Dr. Mutombo of BASICS/Dakar was discussed as an important resource person for the Francophone countries. Margaret Phiri, from ECSAHC, will be involved in the Anglophone region.

Work on improving pre-service training in EPI is presently underway or planned in Ethiopia, Tanzania, Kenya, and Zambia. Since 1993, 28 potential advisors on curriculum reform for EPI have been trained in Anglophone Africa.

I prepared a draft letter for Dr. Okwo to seek BASICS support for the initiative in Francophone Africa, suggesting the following collaboration:

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### *Meeting August 23 and 24 on the ICM Preparatory Guide*

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- ◆ participation of BASICS/Dakar in developing a strategy for Francophone countries, based on the experience with CDD in the Sahel;
- ◆ participation of BASICS in discussions on the materials developed for the training schools during the EPI Program Managers Meeting in November;
- ◆ assistance from BASICS in gathering information about how EPI is currently taught in pre-service training courses; and
- ◆ financial support (estimated needs are \$10,000-15,000) for the translation of part of the materials and their dissemination in Francophone Africa, according to the strategy adopted by consensus.

Some time was spent separately with Dr. Okwo discussing evaluation indicators and methods for the IHRAA-AFRO Strengthening EPI Grant, following meetings held at BASICS/Washington in July.

### *Meeting August 23 and 24 on the ICM Preparatory Guide*

The following were present at the meetings, which were presided over by Professor d'Almeida, DPM:

- ◆ Dr. Kabore, CDD Program Manager, Point Person for ICM, and Acting PM in the absence of Dr. Barakamfitye
- ◆ Dr. Loco, ARI Program Manager
- ◆ M. Bartley, CDR Division
- ◆ M. de Benoit, Nutrition Program Manager
- ◆ Dr. Okwo, EPI Program Manager and acting Malaria Program Manager in the absence of the Malaria group, who were all in Malawi.

Some general issues were raised and clarifications made on:

- ◆ How does ICM fit into general health reform and the Bamako Initiative?
- ◆ What is ICM, why is it needed, and where is it to take place?

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## *Meeting August 23 and 24 on the ICM Preparatory Guide*

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- ◆ What experiences with ICM have been already implemented in Africa?
- ◆ What is the place of prevention in ICM as it stands now?

After some consideration of these points, discussion centered on the Guide—its utilization and content. Issues raised were:

- ◆ The fact that the Guide requires an outside consultant-facilitator may pose problems for ownership. I explained that in some countries an insider (e.g., a director general or other coordinator) could manage the consensus-building process without bringing in someone from outside.
- ◆ The question of the sequencing of events and, therefore, chapters was raised. Should the rapid assessment not take place before the forum, for greater clarity during the forum? Should the coordination of the ICM initiative not be clear before the forum (otherwise, who will organize the forum?) etc.
- ◆ There was consensus on the need to change the title of Chapter 2. Instead of “Decision to Introduce ICM,” it should be “Reaching a Wider Consensus on Adopting ICM,” or something of this nature. The decision to introduce some form of ICM will have taken place already among the leadership of the MOH, and the purpose of the forum is really to widen the circle that adheres to the idea.
- ◆ The DPM thus summed up the discussion on the first day by suggesting the following logical order:
  - ◆ initial decision on ICM
  - ◆ consensus-building
  - ◆ rapid assessment
  - ◆ planning of activities
- ◆ The DPM voiced the concern that each country feel ownership of whatever ICM initiative it adopts.

Following a second meeting of the same group, the following specific modifications to the guide were recommended:

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## *Meeting August 23 and 24 on the ICM Preparatory Guide*

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1. The sequencing of the Guide should be revised and clarified. The following steps should be clearly presented:
  - ◆ A first step that puts together a committee of key program managers
  - ◆ The briefing of this committee on ICM
  - ◆ The review/analysis of the situation
  - ◆ A formal decision to introduce ICM
  - ◆ Consensus-building activity (e.g., forum) with wider group
  - ◆ The formulation of a national strategy; this should include issues of:
    - Coordination and management (roles and responsibilities at different levels)
    - Program policies
    - Drug supply
    - Training
    - Supervision
    - Evaluation and monitoring
    - Referral systems
    - Improving household practices and community participation
  - ◆ Development of an action plan for the introduction of ICM
2. The title of the Guide should include the notion of introduction of ICM; either "Guide for the Introduction of ICM" or "Guide for Preparing the Introduction of ICM."
3. Chapter 2 should have in its title the idea of consensus-building activities (not decision to introduce).
4. The Chapter on policies needs to be revised in the light of the WHO technical adaptation guide. The emphasis should be more on how to come to a consensus on technical policies. Organizational issues should be addressed, and possibly the modification of working tools (e.g., registers, reporting forms, etc.).

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## *Meeting August 23 and 24 on the ICM Preparatory Guide*

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5. A new Action Plan chapter should have two parts:
  - ◆ Orientations for developing a detailed plan of how consensus is to be reached on outstanding strategy issues (e.g., the work of sub-committees on curriculum development, ARI, or malaria policy, nutrition-counseling messages, etc.)
  - ◆ Orientation for developing an action plan for implementing ICM, including the details of the “what,” “who,” “when,” and “where” of:
    - intervention zones
    - extension plan
    - training of trainers
    - training of health staff
    - supervision
    - monitoring and evaluation
6. The output of the exercise undertaken using the Guide will thus be:
  - ◆ The definition of strategies for implementing ICM
  - ◆ An action plan for:
    - dealing with unresolved strategy issues
    - introducing ICM.

The following next steps were agreed upon:

1. The SARA Project will modify the Guide taking the recommendations into account.
  2. A revised version will be sent to WHO/AFRO in November, 1995. (The missing strategy chapters may not all be completed by that time.) Feedback will be given in December-January.
  3. A joint meeting will be organized during the first trimester of 1996 to bring together key facilitators involved in ICM (a small group of WHO and BASICS staff and consultants and, possibly, other agencies active in case management issues in Africa).
  4. The Guide will be tested in countries that express interest in implementing ICM.
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## *Essential National Health Research (ENHR) Meeting*

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### **Essential National Health Research (ENHR) Meeting**

The meeting was attended by ENHR focal persons and other delegates from Ethiopia, Ghana, Kenya, Malawi, Mauritius, Nigeria, South Africa, Tanzania, Uganda, Egypt and Zimbabwe. There were 21 country delegates as well as Professor Mugambi, who assisted with the facilitation of the meeting, Professors Mwaluko and Kinoti from HSR and ECSAHC respectively, Dr. Yvo Nuyens, Director of COHRED (Council on Health Research for Development) from Geneva, and myself.

The meeting was centered on the objectives of sharing country experiences, defining evaluation indicators, and identifying regional coordination activities required to support ENHR efforts in Africa. Some other objectives that had been formulated were not fully addressed.

Each country presented its ENHR activities to date. The countries were at very different stages of development—the most advanced being Uganda, Kenya, Tanzania, and Zimbabwe.

ENHR country activities typically include:

- ◆ Setting up some mechanism for coordinating priority setting and exchanges in the area of health research. This can range from a newly created institution in Kenya (the National Health Research and Development Center) to a committee or commission.
- ◆ Organizing a process of priority setting that involves all stakeholders, including the community and decision makers. This is being done through surveys and/or direct consultations.
- ◆ Doing inventories of ongoing and completed research.
- ◆ Doing some advocacy about ENHR, and colloquia on priorities.
- ◆ Dissemination of research findings, organizing fora for discussion of results, etc.
- ◆ Fund-raising for research and dissemination.

The first group work session concentrated on evaluation indicators for ENHR. Professor Mugambi had prepared suggested indicators, and these were discussed in detail. There was considerable discussion of the need to look at the utilization of research: to document whether research findings are used or not, and to identify the determinants of use and non-use. One of the work

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## *Essential National Health Research (ENHR) Meeting*

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groups treated this issue more in-depth, identifying determinants and strategies for overcoming problems, and suggesting that evaluation efforts should look particularly at these.

Priority-setting was seen as the key. Health data should be used in the process to ensure a solid scientific basis, health services should be involved, as well as the community and NGOs.

<b>Determinants of Use</b>	<b>Strategies</b>
Political environment	Promotion/advocacy
Involvement of health services	ENHR mechanism
Availability of funds	Fund-raising
Quality of research	Capacity building
Previous research findings used	Networking
Research in pertinent setting	Improved priority

The delegates identified the activities that they felt should be undertaken by the Regional Secretariat for ENHR. This Secretariat is presently based in Kampala and coordinated by Professor Owor, who does this only part-time, and who has a secretary but no communications equipment. If some of the COHRED functions are to be decentralized—and this seemed to be the consensus of the group—this structure would require considerable strengthening. Coordination with other regional efforts, such as HSR, ECSAHC, and IHPP would be key here in order to pool resources.

Tasks for the Regional Secretariat would be:

1. Networking
    - ◆ developing a common public-health directory
    - ◆ facilitating e-mail linkages
    - ◆ identifying a regional pool of reviewers for research and other TA for specific issues
    - ◆ identifying common priorities and collaborative projects
    - ◆ exchange of information
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## *Essential National Health Research (ENHR) Meeting*

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2. Capacity building
  - ◆ developing an inventory of regional training opportunities for public health research
  - ◆ supporting countries that have specific weaknesses (linking them with other resources in the region); weaknesses are usually in the following areas:
    - how to disseminate information
    - translating findings into policy briefs
    - research management and methodologies
    - proposal development
3. Monitoring and evaluation
  - ◆ the Secretariat should organize assistance, as needed
4. Information dissemination
  - ◆ developing a regional newsletter
  - ◆ creating other opportunities for communication
  - ◆ user-training for e-mail, etc.
5. Mobilizing resources
  - ◆ identifying collaborative initiatives across countries
  - ◆ encouraging project-based budgeting (contract research)
  - ◆ doing advocacy with governments to raise funds, e.g., the trust fund being established in Tanzania.
6. A regional public-health journal: Dr. Mwaluko of HSR felt that this would be useful and possible if resources of various regional initiatives were pooled.

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## *Epidemiological Society for Southern Africa (ESSA) Meeting*

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General recommendations of the Meeting were:

1. ENHR should be promoted in other African countries
2. There should be coordination through ENHR to maximize resources within and between countries. Regionally, this would mean coordinating IHPP, CRHCS, HSR, GTZ, and SOMANET.
3. COHRED should seek additional support for regional and country ENHR units, for information dissemination, networking, training, and research.
4. Regional networking meetings are useful to share experiences.
5. The African ENHR Regional Focal Point should be strengthened to facilitate regional activities. Sub-regional coordination may be required in Ghana, Kenya, and Zimbabwe.
6. ENHR strategies should be assessed periodically. Countries should be assisted in developing indicators for evaluation.
7. Community participation is crucial and should be strengthened. Case studies and examples need to be documented.
8. The Regional Office should develop one or two inter-country projects for information dissemination or training.
9. An inventory of ENHR activities and skills should be developed.
10. The Regional Office should advocate with governments to raise more funds for research activities.
11. The Office should urge governments to reorient their research activities to the ENHR concept.
12. The Office should document lessons learned on the use of research.
13. The Office should promote training in packaging research findings for decision making, in the use of HealthNet, etc.

### **Epidemiological Society for Southern Africa (ESSA) Meeting**

This was a rather historic occasion, being the first time that ESSA has met outside of South Africa. The meeting was well attended, with over 100 participants. About half of these were from South Africa. Others were mostly from the ECSA anglophone countries, with some of the West Africans that had attended the ENHR Meeting. Keynote speeches ranged widely from general subjects like the impact of structural adjustment on health budgets and indicators, to Schistosomiasis control, and the use of GIS in Health.

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## *Individual Meetings in Harare*

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There was little room for discussion during the meeting, which consisted of 8 keynote speeches and three sets of four concurrent breakout sessions where papers were presented on research underway or completed. These covered the following subjects : 1) Schisto-somiasis, Reproductive Health, Outbreaks, Occupational Health; 2) Malaria, Environmental Health, AIDS, Health Care; 3) Health Education, Epidemiology: Methodological Issues, Sexually Transmitted Infections, Health Sector Reform.

## **Individual Meetings in Harare**

### *Meeting with Dr. Yvo Nuyens, COHRED Coordinator*

In the light of the recommendations of the ENHR/Africa meeting, we discussed the following issues:

1. There is clearly a need for detailed discussion of the recommendations by the regional organizations involved in research, in order to identify areas where resources can be pooled, and to define roles and responsibilities for follow-up activities. The regional ENHR Secretariat, even if strengthened cannot (and should not) carry out the recommendations alone. The objectives of several regional institutions, projects, and networks are similar and the ENHR Africa Secretariat can play an important role in facilitating coordination to meet the needs identified at the meeting.
2. Professor Owor, the ENHR Africa Coordinator based in Kampala, would presumably pull such a meeting together. Most of the costs should be covered by the participating institutions. I indicated that HHRAA/SARA might be able to join the COHRED/Geneva Secretariat in providing additional support, if needed. The institutions convened would probably include the Commonwealth Secretariat, the Health Systems Research Project, AFRICLEN, the SOMANET network for social science in health, IHPP, and the GTZ MCH/FP regional initiative.
3. COHRED, which was formed in 1993, now has secured funding from several European Donors, as well as IDRC, Carnegie, Clark, and SAREC, which were its initial supporters.
4. While COHRED is anxious not to create an unnecessary regional structure, it is clear that the ENHR secretariat in Uganda (now consisting of a part-time Coordinator, Professor Owor, and a secretary, with no telephone), needs to be strengthened if it is to fulfill the mandate de-

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### *Meeting with Dr. David Sanders, University of Capetown*

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financed by the needs of ENHR country initiatives and identified during the Harare meeting. This will be discussed at the COHRED Board meeting to be held in late October, 1995.

5. A joint HSR-ENHR team will be visiting Francophone Africa in September-October. Guinea and Benin have already started some ENHR-inspired activities, though progress is slow. Mali and Burkina will also be visited. In addition, Niger, Togo, and Senegal have shown some interest in ENHR. A Francophone Africa ENHR meeting may be organized, depending at least in part on the results of the visits planned.
6. Twenty-five countries are presently involved to various degrees with ENHR activities. Uganda, Kenya, Zimbabwe, and Tanzania are the most advanced in ENHR processes. Newcomers include Malawi, South Africa, Ethiopia, Namibia, and Mauritius.
7. The need for case materials on the determinants of the use of research was brought up at the meeting. We discussed the idea of jointly producing a guide for researchers and decisionmakers to improve the use of research, drawing heavily on the African experience. We felt that this might be of more practical utility than disseminating a series of descriptive case studies. The ADDR interest in this subject should be brought to this effort, which, however, will be piloted by the regional institutions concerned, such as COHRED/Africa, HSR, and ECSAHC. I offered to discuss the issue with HSR and ECSAHC, to see if an appropriate modus operandi for developing such a document can be suggested.

### *Meeting with Dr. David Sanders, University of Capetown*

Dr. Sanders runs a one-week course on community nutrition as part of the University of Capetown's three-week summer school. The course deals with assessment of nutrition problems in the community at all levels, techniques of anthropometry, and community nutrition interventions. This is apparently the only community-nutrition course in the whole of South Africa. The summer school also has a course on advocacy for health-care issues, concentrating mainly on how to advocate with political representatives and legislators. Peter Long, in the U.S., is involved in developing this course (address to be requested from Sanders).

Sanders is also working with Pauline Kuzawayo to develop modules on nutrition for use in the Masters in Public Health and Nutrition program being developed in the University of Capetown.

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*Meeting with Dr. Louis Reynolds, Progressive Primary Health Care Network of Capetown*

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I briefed Sanders on the follow-up that ECSAHC is planning in the context of the Bellagio Initiative. He is most interested in collaborating with other countries in the ECSAHC region, possibly on curriculum reform and evaluation/intervention research activities.

On hearing of Julia's probable role in supporting curriculum reform activities, he suggested that she attend the one-week course as a facilitator. They would thus have the opportunity to work together, which would help with future collaboration. If ECSAHC has identified a training consultant by the time the course takes place in February 1996, that person would also be welcome. Minimal support for travel and living costs at the university would be required.

Sanders is quite involved with the new South African Initiative to do nutrition and related interventions in the primary school setting. It is proposed to use the parent-teacher association structure to initiate community nutrition interventions also. This may be an important case study for other ECSAHC countries. It could possibly be discussed at the nutrition experts meeting that ECSAHC is to organize before the end of the year. Sanders will follow up with Julia.

*Meeting with Dr. Louis Reynolds, representing the Progressive Primary Health Care Network of Capetown*

Dr. Reynolds explained the history and work of the PPHC Network in South Africa. This is a national effort, started under Apartheid and involving many NGOs, to promote PHC through advocacy and services. I was particularly interested in the Network as a model of an NGO association. The Network has also done some evaluation of nutrition services, which Reynolds offered to send me. Reynolds himself is active in the Capetown Chapter of the Network. He is about to start work in a newly-constituted Child Health Unit attached to the University and is interested in policy issues. Since news of Integrated Case Management of the Sick Child seems not to have reached him, I offered to send materials on this, including the Preparatory Guide.

*Meeting with Dr. Alan Ries from the WHO Sub-Regional Office and the HHRAA-supported Dysentery and Cholera Control Project*

Dr. Ries has is now settled in his new job in the WHO Sub-Regional Office in Harare, where he has been for about three months. He is working closely with Dr. Liz Mason, who has been dealing with dysentery and cholera in the sub-region for the past two years. Dr. Ries's main responsibilities are in the areas of:

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*Meeting with Dr. Alan Ries, WHO Sub-Regional Office and the  
HHRAA-supported Dysentery and Cholera Control Project*

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- ◆ setting up laboratory-based surveillance systems, including training in laboratory skills;
- ◆ doing epidemiological studies, where needed;
- ◆ collaborating with CDC on training modules for identification of thresholds and responses to cholera outbreaks. (Dr. Ries plans to add dysentery to these materials, and to test them in the sub-region.)

He and Dr. Mason have visited Malawi and Zambia together, and Alan is planning to visit Mozambique and perhaps Tanzania in the near future. Some highlights of these trips include:

**Malawi.** The new Medical School in Malawi has a community-based program with a field site in Mangochi where students do 6-week placements including research. This may be a good site to test the CDC materials. Malawi is also starting to develop a lab-based surveillance system to monitor drug resistance and disease outbreaks. The MOH would like to upgrade the country's laboratory system. Some training was done, but supervision has been lacking. There is thus need to do refresher training and to set up a supervision and monitoring system. Liverpool University is also collaborating with the MOH on related issues.

**Zambia.** Zambia has started to set up a lab-based surveillance system, and has also done some studies on resistance.

Some studies planned, mostly for this year's dysentery season are:

- ◆ testing in Zimbabwe of three-day versus five-day dosages of sipraflox;
- ◆ interventions for dysentery transmission control (to be headed by CDC staff)
- ◆ study of the burden of illness and analysis of the reasons for deaths from dysentery either in Zambia or Malawi
- ◆ ways to feed surveillance data into decision-making
- ◆ analysis of which groups are most at risk.

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*Appendix A: DJCC Meeting List of Participants*

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*Appendix B: DJCC Meeting Program*

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**Directors Joint Consultative Committee Meeting**  
**14 - 16 August 1995, Safari Park Hotel**

**Programme**

**Sunday 13th**

2.00 -6.00            Registration

**Monday 14th:**

8.00 - 8.45            Registration continues

9.00 - 10.00          **Opening ceremony**

10.00 - 10.30        Tea break

10.40 - 1.00          **Plenary:    Sensitization on different issues in Health Reform**

*Chairman: J. Mwanzia*

*Rapporteur: W. Mpanju-Shumbusho*

What the World Bank can do to facilitate implementation of BHA in the field?- *O. Ransome-Kuti*

Results of ECSA country polls on health reform priorities and Integration of STD/HIV/AIDS and MCH/FP - *Richard Sturgis*

Country presentations

- Zambia - *S.L Nyaywa*

- Botswana - *John Mulwa*

- Tanzania - *G. Upunda*

Discussion

1.00 - 2.00            Lunch

**2.00 - 4.00**      **Group work: Health Reform implementation issues and Capacity Building activities to support them**

4.00- 4.30      Tea break

**4.30 - 5.30**      **Plenary: Group Presentations on Health Reform implementation issues and Capacity building to support them**

*Chair: N. Mapella*

*Rapporteur: P. Khulumani*

6.30 - 8.30      Reception

**Tuesday 15th**

**8.30 - 10.00**      **Regional Resources and Initiatives for the facilitation of Health Reform**

*Chair: C. Chintu*

*Rapporteur: N. Chivute*

Regional Resources and Initiatives for Health Reform in ECSA -  
*K. Thairu*

Regional Initiatives for Capacity Building in the Health Sector -  
*S. Prysor-Jones*

Discussion

10.00 -10.30      Tea break

**10.30 - 11.30**      **Capacity building in Nursing and Midwifery**

*Chair: R. Lett*

*Rapporteur: Lucia Makoae*

Nursing and Midwifery Initiatives towards Health Reform in  
ECSA - *M. Phiri, S.Manduku*

Discussion

**11.30 - 12.30**      **Information Dissemination and Communication for  
Better health Management:**

*Chair: D.K. Koech*

*Rapporteur: T. Sukwa*

Health Information Communication Network of the ECSCA  
health Community - *Lawrence Gikaru*

Discussion

12.30 - 2.00      Lunch

**2.30 - 3.30**      **Meeting's Recommendations**

Presentation and adoption of recommendations - *Chief  
Rapporteur*

**4.00**              **Closing Ceremony**

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*Appendix C: DJCC Meeting Objectives*

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**DIRECTORS JOINT CONSULTATIVE COMMITTEE MEETING**  
**(Health Reform Initiatives in ECSA)**

14 - 18 August 1995, Nairobi, Kenya. <sup>1</sup>

**Broad objective:**

The meeting is providing an opportunity for the DJCC to contribute to regional health policy and programme development with an emphasis on "How-to..".

**Specific objectives:**

- (i) Sensitize the participants on health reform issues by sharing information through presentations by panelists from BHA and other sources.
- (ii) Provide an opportunity for participants to share, positive experiences and lessons learned in ECSA member states in Health reform.
- (iii) Identify priority areas requiring increased attention through health reform efforts.
- (iv) Identify and discuss regional resources that can be mobilized in support of country health reform.
- (v) Determine initiatives to be undertaken at regional level in support of country health reform.

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<sup>1</sup> *The Directors Joint Consultative Committee meeting is supported by the ECSAHC, Arusha; the USAID-REDSO/ESA, Nairobi; the World Bank, BASICS and SARA projects, Washington DC*

- (vi) Create an opportunity, for consensus building on Health Reform priorities.
- (vii) Discuss action taken towards improvement of reproductive health, nutrition and nursing care in the ECSAHC.
- (viii) The ECSHC Health Information Dissemination Network: A Regional response to policy and Programme Development.
- (ix) Capacity building at the ECSAHC Secretariat to support National Policy and Programmes.

**Format:**

The meeting will include presentations in plenary sessions of solicited topical papers and group work by country participants to develop specific followup activities by the member states.

Country presentations will be responding to the questions:

- What has your country done in the area of Health Reform?
- What are the most positive results achieved?
- In which areas has your country had the most difficulties in implementing health reforms?

Botswana, Tanzania and Zambia have been asked to present their response to these questions. The other countries will share their experiences during group work and discussions.

The DJCC will also review initiatives and progress towards regional policy and programme development. Specifically:

- Improvement of reproductive health in ECSA;
- Capacity and capability building for Food and Nutrition Programmes;
- Capacity building in Nursing and Midwifery;
- Harmonisation of Training in Health within ECSA and
- The ECSA Health Community, Health Information Dissemination:

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*Appendix D: ENHR List of Participants*

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