Report on The Foundation Meeting of the Africa Health Leadership & Management Network
3rd to 5th December, 2008
Nairobi, KENYA

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LIST OF ABBREVIATIONS

AMREF  African Medical and Research Foundation
AU     African Union
CESAG  Centre Africain d'Etudes Supérieures en Gestion
GF     Global Fund
HIV    Human Immunodeficiency Virus
HSS    Health Systems Strengthening
MDGs   Millennium Development Goals
PHC    Primary Health Care
RATN   Regional AIDS Training Network
SOMANET Social Science and Medicine Africa Network
WHO    World Health Organization
ACKNOWLEDGEMENTS

The organizers are grateful to the World Health Organization, Department of Health Systems Governance and Service Delivery who provided funds for the meeting. The WHO Department of Human Resources for Health at HQ and the Africa Regional Office supported the idea of a network and assisted in the preparations for this meeting.

The effort of various international partners and collaborators, as well as African institutions, in ensuring that this network became a reality is appreciated.
BACKGROUND

In January 2007, the World Health Organization (WHO) held an international consultative meeting on strengthening health leadership and management in low income countries in Accra, Ghana. Key stakeholders who attended the meeting suggested forming a network of resource institutions to support leadership and management capacity building for the health sector in Africa. Indeed, weaknesses in managerial capacity at all levels of the health system have been widely cited as a binding constraint to scaling up health services and to achieving the Millennium Development Goals. It is acknowledged that while there has been considerable investment in leadership and management development, many of the conditions known to facilitate good management are often not fulfilled. The Accra consultation identified these conditions as:

a. Ensuring adequate numbers of managers at all levels of the health system
b. Ensuring managers have appropriate competencies
c. Creating better critical management support systems and
d. Creating an enabling working environment for managers.

The Accra meeting, and a follow-up meeting in Kampala in 2008, acknowledged that a mostly training-based approach has not worked and agreed to the creation of a network of management development institutions and persons that can jointly build and share their own capacity, expand their roles and interventions to tackle the four critical conditions for effective management and provide a pool of resources to support the health systems strengthening in African countries.

The follow-up meeting in Kampala selected AMREF as the lead agency to represent institutions from Anglophone countries and CESAG to represent Francophone countries.

The objectives proposed for the network are as follows:

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2 African Medical and Research Foundation, Nairobi, Kenya. Centre Africain d'Etudes Supérieures en Gestion, Dakar, Sénégal

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• To expand technical assistance resources available to support requesting countries in the area of health management and human resources development by pooling human and technical resources to create greater synergy and impact
• To facilitate intra-regional integration and exchange of knowledge, services and expertise
• To agree on the benchmarks and standards for improving the performance of its members
• To serve as a forum for collective advocacy for resources to support health service delivery and efforts by African countries to attain MDG targets through better management.

In December 2008, the foundation meeting of the health leadership and management network was held in Nairobi, Kenya. This meeting was a follow-up to all the preceding consultations. Its aim was to formally launch the network and ratify its constitution and business plan. The objectives of the foundation meeting were specifically to:
• Consider, agree and ratify the constitution;
• Review and agree on the business strategy/plan of the network;
• Arrive at a consensus on specific administrative issues related to the formal location and establishment of the network as a legal entity;
• Discuss and agree on the network's financial strategy;
• Agree on main points for an action plan for the next 12 months;
• Discuss possible roles and opportunities in terms of technical support needs in countries (e.g., health systems strengthening and national health plans development).

Twenty-three African and eight international institutions participated in the meeting and ratified the constitution.
1. OVERVIEW OF MEETING AND ITS PROCEEDINGS

The meeting took three days of deliberations beginning on Wednesday 3rd December and ending on Friday 5th December 2008.

Day 1: Setting the scene
Day 1 was devoted to a formal opening ceremony with addresses by key stakeholders followed by a discussion of the objectives and expected outcomes of the meeting. An initial technical session then introduced (a) the health needs of the African region and the expected roles that the network could play in meeting these, (b) the global challenges and opportunities for strengthening the leadership and management of health systems.

Day 2: Organization and implementation of the network
These sessions focused on the specific mechanisms for establishing and implementing the network so as to attain its objectives. This included presentations and group discussions on (a) the objectives and the constitution of the network, (b) the proposed business strategy of the network, and (c) a proposed 12-month initial action plan. Through group work, matters were clarified and key constitutional and organisational issues agreed upon.

Day 3: Practical implementation steps and formal ratification
During the final day, the practical steps and actions needed to formally get the network to function, including the design and election of an interim executive committee to manage the network were discussed. The constitution was formally ratified and signed by the founding institutions. The interim executive held its first meeting to work out the implementation arrangements for the action plan.
2. SETTING THE SCENE

Chairs: Prof. Mady Koanda, Dr Peter Ngatia and Ms. Audrey KgosiDintsi

2.1 Main presentations and discussion points

Opening Session

The opening session included remarks by Dr Michael Smalley, Director General of AMREF, Dr. Manuel Dayrit, Director of Human Resources for Health WHO, Dr Kalamagi, WHO Representative’s office in Kenya, and Dr Harrison Kiambati, representing the Minister for Medical Services, Kenya. Texts of their detailed remarks are included in the annex.

Africa bears the hugest burden of disease twenty-five percent (25%) globally, yet it receives only one per cent of investment in health and has a mere three per cent of the total health workforce. The challenge of providing quality health care to Africa’s millions with limited resources requires good leadership and administrative skills. However, despite health care being a multi-billion dollar industry, those charged with managing it lack the capacity to do so, resulting in hundreds of children and women dying from easily preventable causes. The need for competent management and leadership in health care can therefore not be understated. AMREF believes that the network has come at an opportune time for institutions to use economies of scale to reach more health managers and systems across Africa.

WHO had envisioned this process, since the Accra and Kampala fora, as helping Africa to effectively manage the changes which it needs to undertake so people can attain their optimal level of health and wellbeing. From the WHO point of view, these changes focus on four areas:

- Meaningful changes in Africa – targeting MDGs for a start
- Meaningful changes in the status and welfare of women
- Technical issues – strengthening of health systems which is inextricably linked with the renewal of primary health care
- Reform on issues of equity and universal coverage, founded mainly on financing that is fair. There is also need for change in government and leadership so that all the other areas can be enabled.
The need around leadership and management reflects crucial adaptive change as opposed to mere technical changes. The expected role of the network will be to contribute to this adaptive transformation in health systems.

The foundation meeting was formally launched on behalf of the Minister for Medical Services Kenya, Professor Anyang Nyong’o by his representative, Dr. Harrison Kiambati

**Technical Sessions**

The technical sessions covered three areas of presentations and discussions. It deliberated on the following:

- Origins and purpose of the network
- Countries’ expectations of the network
- Challenges and opportunities for strengthening health systems leadership and management.

The overall purpose of the network is to improve the health of the people of Africa by focusing on leadership and management influences on health programmes and systems. These must be managed effectively and efficiently for good quality health services to get to the people who need them. The network allows for intra-regional integration of technical knowledge and expertise and a system to keep and share this knowledge based on the concepts of knowledge management. It helps to establish greater synergies in the use of human and technical resources as well as to establish technical standards and benchmarks for management development actions. The network will also serve as a forum to advocate for improved leadership and management as a cross-cutting issue in health sector strategies ranging from primary health care to national hospitals and programmes management. The aim is to support African countries to attain the MDGs.

Good leadership and management are about providing direction to and gaining commitment from partners and staff, facilitating change and achieving better health services through efficient, creative and responsible deployment of people and other health resources. It must be
closely linked to the delivery of health results - reduced preventable mortality and morbidity and effective engagement of people in their own health care.

Key challenges that face the network in Africa include building the needed capacity to support revitalized primary health care and decentralized health services, making effective use of donated funding, and attaining health goals such as the MDGs.

Health systems in Africa are generally weak mainly due to lack of resources and management capacity. Getting the six health system blocks to produce the desired results of improved coverage with quality health services require the catalyst role of leaders and managers. Therefore the following critical questions need to be asked:

- What conditions are necessary for effective leadership and management to occur?
- What management investments are needed in order to provide better services?
- How can we ensure that we train managers who can give us better coverage?

WHO’s studies in an attempt to answer these questions led to the Accra consultation and the adoption of the WHO framework for leadership and management capacity strengthening illustrated below, to guide approaches to capacity building.
Health Leadership and Management Framework

LEADERSHIP AND MANAGEMENT IN HEALTH SYSTEMS

Based on our assessment, all the four areas indicated have some activity but they are either fragmented, uncoordinated or lacked effective strategy to scale up at country level. The key activity of most resource institutions has been to focus on training and competency development almost to the exclusion of the other components. There is a need for management interventions, including the roles of the network to approach management development in a coherent and co-ordinated fashion that integrates all these aspects.

However, certain changes in donor and stakeholder approaches offer opportunities for a network such as this one to implement these concepts. Increased resources for health systems strengthening from global health initiatives such as the Global Fund, GAVI, etc. can be used to establish and support better health management systems. Many countries require support in designing the proposals they present for such funds. Other opportunities include huge technical assistance needed in the health sector in Africa. For example, during the current biennium, 36 of 47 countries in the Africa WHO region requested for support in management capacity building in one form or another. There is also need to collate and review home grown solutions, and scale these up for better results.
2.2 **Key issues and conclusions**

- Sustainable advocacy is needed with ministries of health and partners to make leadership and management integral to sector planning in Africa. There is a need to expand these ideas to countries not represented at the meeting and to extend membership to their institutions.

- Management is important and efforts need to be made to include this in the basic training of health professionals.

- Certain highly needed skills are difficult to attain through routine training programs. There is a need to think of ways of delivering these "soft skills" essential for leadership effectiveness. The same applies to changing attitudes and behaviours essential for effective management.

- Curricula must be reviewed regularly and informed by the actual challenges that managers face. There is need to ensure that training curricula remain relevant to the needs of the sector.

- It is essential that the health sector is not seen in isolation but as part of a wider socio-economic picture in each country.
3. ORGANIZING AND IMPLEMENTING THE NETWORK

Chairs: Prof. Mutuma Mugambi & Dr Leodégal Bazira

3.1 Main presentations and discussion points

3.1.1 Objectives and constitution of the network

Definition of the network: The Health Leadership and Management Network is a non-profit membership organization, which exists to expand, improve and strengthen health sector management and leadership by improving the availability of managers, with enhanced competencies, designing effective management support systems and advocating for organizational systems that encourage good performance from health managers.

It was proposed that the network meet its objectives by:

- Mapping out the capacity available within its membership
- Developing ways of ensuring the quality and effectiveness of leadership and management training offered
- Offering research, knowledge and evidence on the difference that competent leadership and management approaches make to health systems
- Increasing its technical assistance capacity available to countries (especially to assist fragile countries such as Southern Sudan and Somalia)
- Providing a location for knowledge dissemination and advocacy, and engaging with political and health leaders, as well as local and international organizations and training institutions.

The organizational structure of the network was discussed with a view to greater flexibility and minimal bureaucracy. For the initial small number of members a more informal and interim arrangement can be used until membership expands when the structures proposed in the constitution can be used to enhance effectiveness. In terms of network membership, three types of members were proposed in the constitution:

- Full members ţ headquartered in Africa, strengthening health systems in Africa
• Associate members ‑ partner institutions whose headquarters are outside Africa, but do business in Africa in the area of health management
• Individual/personal membership, of people based anywhere in the world whose work involves health management development in Africa.

Some participants suggested that observers from other continents or corporate members from non-health sector corporations and industries with an interest in supporting health sector development be included. Other issues discussed included the possible sources of revenue for the network. Some proposed sources included:

• Annual membership fees (proposed at US$1,000 for full members, US$500 for associates, and US$250 for individual members)
• Donations, grants, subsidies or other contributions from public and private sources including in-kind contributions e.g. IT hardware, software, technical know-how
• Fees for network services provided through the secretariat
• Savings and investments.

The meeting needed to discuss and finalize the constitution and decide on the network's formal incorporation in a selected country.

3.1.2 The Draft Business Plan

Dr Allan Katwolo of the Strathmore Business School presented proposals for a two-year business strategy and plan covering 2009 to 2011. The aim of this plan was to outline the way the network was going to function. The main elements covered in the plan were the objectives and constitution of the network, and what activities would be implemented and by whom. The plan also examined the resources required to achieve the objectives.

How will the network achieve its objectives? The strategy identifies internal and external customers of the network, bringing together a number of service providers to whom it will deliver certain services, as well as to the health sector in Africa as a whole. A core approach for internal customers (members) will be to perform capability assessments and set up systems to ensure and monitor standards. It will also be an advocate for its membership with various stakeholders while promoting and marketing good health sector leadership and management and should be able to mobilise resources for the network's activities.
For its external customers it expects to provide quality capacity building opportunities for the health sectors of African countries through its membership, who will also participate in and support research and evidence-based training. The network shall facilitate identification, collection and exchange of knowledge and expertise in health systems for technical assistance to countries.

The plan identified several "key success factors" which included (a) having good quality and credible programs for management development of managers for the health sector with strong and innovative accredited training methods that show results, (b) having a resource map for countries that indicates accredited health leadership and management training providers and programs, (c) having the ability to effectively market the network and therefore expand its membership and external clientele, and (d) being able to conduct effective and efficient operations using the available resources.

The business plan anticipated an estimated resource need of approximately $2.4 million with a resource gap from revenue generation of about $0.6 million. It anticipated that membership fees would contribute about 7% of the resource base with approximately 200 members.

An analysis showed that no similar organization had done the same thing in Africa though several other networks existed in the health sector whose work can be complemented by this network's health systems leadership and management focus. The estimated "start-up" funding was about $120,000.

3.1.3 Proposed twelve-month workplan

Key activities identified in the next 12 months include:

1. Establishing a contact office for the network by end of April 2009
2. Implementing the revenue generation strategy and raise funds for the network
3. Initiating the network's technical activities by the end of September 2009 including leveraging institutional capacity to provide network services.
In order to be operational, a 12-month interim period is anticipated during which basic staffing will be mobilized to support the executive in co-ordinating activities and communication. The network will also need to be registered and certain criteria have been identified to make the location of registration at the most convenient location. A mapping of the membership capacity and other information will be conducted and a database established while work is done to identify criteria to set capacity standards to which members will aspire. This should also profile members’ capacities to provide technical assistance to health sectors and create plans to help resolve any gaps and shortcomings.

3.2 Key issues

- The business plan's assumption that the network could quickly reach a membership of 100 members was not feasible and should be modified.

- The funding projection based on estimated current funding and shortfalls will need to change and reflect various revenue possibilities. Relying on membership fees as a major source of resources may be difficult and the strategy needs to concentrate on what services and technical support activities can attract grants and other resources.

- It will be difficult for fees arising from network activities to form part of its revenue where individual member institutions carry out the same activities. Thus, it is important to determine specific services that the network can offer its member institutions.

- The planned budgets were not realistic in terms of secretariat staffing and expenditure.

- The plan lacks several key functions and objectives of the network, making it look like a training organization offering courses.

- The constitution, business strategy and action plan need to show a better flow of linkages that link the mandate, mission, vision, activities and budgets.

- The benefits and rewards for being a member need to be better clarified especially if members are to be encouraged to fund a secretariat.

- It is important that the network's role remains to help institutions focus on innovative and creative ways of doing things and make a clear break from business as usual, and to facilitate complementarities and reinforcement of capacity and activities, and not competition. It is important to consider how existing inter-institutional collaborations can find a place in the network's strategy.
• It is not clear if a large membership will be truly helpful and the network needs to focus more on the quality and standards of its membership rather than the quantity of fee paying members. This entails having clear criteria for membership. A peer review mechanism will be a useful tool to use in sharing learning and expanding standards.

• The proposed governing structures should ensure that this is a membership-led organization with the assembly responsible for approving the decisions of the executive.

• While a certain balance is needed in the executive and operations within the linguistic groupings in Africa, the drive for capacity and accomplishment should be the primary goal.

• For the network to be effective, it would require strong links with governments and Ministries of Health, who could also provide some of its resources and benefit from its capacity.

• The network's definition of management and leadership should be broad, since its objectives are really about how to catalyse the strengthening of health systems.

• We must be clear about the core functions and responsibilities of the network in reference to the institutions involved in training to avoid overlap, e.g., how will inter-institutional collaborations already in place be affected?

• ESAMI volunteered to assist Strathmore with the Business strategy/plan development given its own experience over several years in developing this tool for clients.

• Can the network be involved with academic regulatory roles such as certification and accreditation, and what this will mean in practice?

3.3 Issues and suggestions from breakout groups

Further issues were raised during the group discussions. Participants felt that it was important to clarify the purpose of the network as a co-ordinator, facilitator and catalyst of health leadership and management actions which would deliver its services toward attaining the MDG

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3 Group 1 and 2 were made up of institutions from African countries and they discussed the constitution and business plan details. Group 3, comprising partner institutions based outside the continent, discussed issues of the roles that partners could play and what advice could be given based on experiences elsewhere, the constitution and business plan.
goals mainly through its membership. It may on occasion run collective flagship or higher level programmes. The objectives should then focus on its roles of advocacy, standard setting, institutional capacity mapping, developing and supporting grant proposal writing and creating an information source (database and website) on leadership and management in Africa.

The generic criteria for registration location of the network was generally endorsed. It is important to base the network within an existing organization with long term stability and robust management systems so that it can work using its rules and financial management systems. A suggestion was made that one or two institutions host parts of the secretariat until the network had adequate resources and staff to run a fully functional office.

The network should be guided by the African Union definition of Africa which will include both the WHO's Africa region and northern Africa, and be open to membership from anywhere on the continent. However, it should use only English and French as official languages at this time. Of the network's membership, only full members would have voting rights.

Concerns were expressed about how decisions would be made and how representative the "deciders" will be of membership. The consensus was to have a council with reduced membership but with representation based on role, function and geographical sub-region. Though some suggested that language should not be used as criteria, it was, however, decided that this was an important marker for different institutional cultures and should be recognized. Gender should also be recognized as essential for representation. It was decided that the "bureau of officers" in the constitution be done away with since it made for a complicated top-heavy structure.

It is important that the business plan is preceded by a strategic plan that translates the constitution and network objectives into a clear strategy for operations. Steps should be taken to monitor and evaluate the network and indicators need to be set up for each of the objectives and activities. It is also important to have a sustainability plan, indicating how the network intends to remain viable.
The network will need a good communication strategy that advocates its creation and availability to potential clients and donors. Technology, including social networking products and listservs, can be used as the basis for internal communicating and networking for the membership. This should be investigated further. A partner member representing the CDC-SMDP volunteered to investigate the possibilities.

An interim steering committee should be established (include in the constitution) consisting of AMREF and CESAG as the leadership plus five members of the other regions and WHO. This gives a total of eight members, who shall be charged with finalizing the business plan, advocating and negotiating with potential funders and overseeing implementation of the 12-month action plan.

3.4 Issues and suggestions from the partners’ group

Providing added value to membership

- A clear definition of leadership and management in the constitution will establish the network's vision more vividly. A clear description must be made in documents of the poor health status on the continent with a compelling case on how leadership and management could make a significant difference.
- Efforts must be made to make it stronger than the individual members and it should be allowed to grow through informal links i.e. organically and in a natural way.
- Specific effort must be made to establish mutual trust among members and it must strive to have activities that are complementary to what members currently provide.
- Having a database on members is key, but likely to be quite complex requiring efforts to establish and update it regularly.
- The network should aim at striking a balance in favour of standards and accreditation roles as opposed to creating or duplicating already existing resources such as curricula and learning materials. It should also emphasize the sharing of best practices found in Africa-based institutions, especially in relation to the needs of health systems and policy makers.
• The emphasis seems to be on management and more effort should be made to design a leadership aspect.

**How partners see their role within the network**

• Recognizing and buying into the network; and contributing the credibility of international partners and their own networks to that of this network.
• This includes helping to link it to experiences from other regions of the world and contributing and leveraging best practices from the private and other sectors. International partners could also show good examples that can be emulated from both individual institutions and various networks.

**A key piece of advice** is to start informal and become more formal as the network evolves and grows, but at all points there should be a mix of both, e.g. informal exchanges continue even as the network grows and needs a more formalized framework.

**Lessons that partners have learned from successful networks**

- Small groups of committed individuals with a cause can have a much higher impact.
- There is need for some initial material support as well as space and time to grow and evolve. The example of the Global Health Workers' Alliance is one that can be studied. The leadership needs to assist the network to grow further out of members' increased desire for connectivity, communication, and to network and facilitate exchanges.
- The network should avoid becoming overly bureaucratic and paper-based, but also be careful to avoid an over-inclusive decision-making that creates "participatory paralysis" and inability to be flexible and functional.

**Partner organizations’ commitment**

"As partner institutions we are committed to supporting the network, to help it grow organically and support it as it grows. We will also support it through writing proposals and seeking resources".
**Conclusion**

The constitution was to be revised overnight and finalized for ratification while the business plan will require more detailed work and be completed by the end of January 2009. The 12-month workplan should be revised to incorporate the new ideas and a general conference statement and press releases should be completed to announce the network. An "advocacy letter" should also be prepared to be sent out to potential supporters and partners.
4. PRACTICAL IMPLEMENTATION STEPS AND FORMAL RATIFICATION
   
   Session Chair: Dr Koanda

   The final day of the foundation meeting reviewed the revised constitution and activity plan for the initial year of the network. It also discussed a conference declaration and press statement which will serve as the first channel for announcing the formation of the network to other potential partners and members. The conference was then formally closed with statements by Dr. Manuel Dayrit (WHO), Dr. Michael Smalley (AMREF) and Professor Mady Koanda (CESAG).

   The 12-month activity plan was reviewed and the interim executive was asked to finalize it and use it as its guide for activities during the one-year transitional period. A copy of the activity plan is attached in the appendices to this report. The meeting also adopted the revised constitution after reviewing the document and making moderate changes.

   It was decided that an interim executive committee be established. It comprised a chairman and vice-chairman, and representatives of three regional grouping (Southern, Western and Central Africa) as well as Lusophone countries. Gender was to be a consideration in the choice of executive committee membership. It was agreed that AMREF, represented by Peter Ngatia, would chair the interim executive supported by CESAG (represented by Mady Koanda) as the vice chair. AMREF will also represent eastern Africa during the interim period. Representatives for the other regions were then elected. It was decided that West Africa have two members on the executive due to its large representation. Since northern Africa was not represented at the meeting, it was agreed that its membership be reconsidered at the end of the one-year interim period. The following were elected to represent the Interim Executive of the Africa Health Leadership and Management Network:

   - Chair: Dr. Peter Ngatia, AMREF
   - Deputy Chair: Prof. Mady Koanda, CESAG
Representatives:

- Lusophone countries: Dr. Mohsin Siadat (Mozambique)
- Southern Africa: Prof. Eric Buch, (South Africa)
- Central Africa: Prof. Mbela Kiyombo (DRC)
- West Africa: Dr. Moses Aikins (Ghana)/ Mrs. Awa Adjibade (Togo)

The interim executive has a mandate to run the affairs of the network over the next 12 months to ensure the establishment of its operations and systems. A meeting should be held at the end of the period to review progress and define the final structures. In the presence of the new interim executive, the individual institutions and partners attending the meeting were formally invited to sign the constitution.

The Chairman and Vice Chairman of the network thanked the participants for their contributions and their commitment towards ensuring that a strong and effective network is established. They appreciated the high level of commitment to the idea that Africa must rely on its own strengths to solve its challenges, and even though the support and learning from partners are vital, the onus lies on Africans to take the first steps to bring about change. Each founding member now needs to mobilise support for the network. They should also continue to make suggestions about how its structures can be strengthened and help define the network’s future functions.
APPENDICES

Appendix 1: Conference Statement


Poor leadership and management of health systems and services have been identified as obstacles to scaling up service delivery and attaining the Millennium Development Goals (MDGs) in African countries. These constraints remain despite continuing efforts to train and build "management capacity" due to shortage of skilled management expertise in the region and an uncoordinated and fragmented approach to management capacity building. The increase in resources coming from global health initiatives can only produce the desired health results if countries and institutions pay more strategic attention to building effective leadership and management capacity for the health sector.

To help resolve these issues, two international consultations were held in 2007 (Accra) and 2008 (Kampala) at which a number of health training, research institutions and other organizations active in Africa discussed and agreed on new strategies to support and help scale up health services through improved management performance. These organizations agreed to come together to form a network that will pool and share their expertise, as well as enhance their ability to positively influence health leadership and management change.

At a meeting held in Nairobi, Kenya between December 3 and 5, 2008, 33 African and international institutions agreed on and ratified a constitution to formally establish the network.

The objectives of the network include:

- To expand technical assistance resources available to support requesting countries in the area of health management and human resources development by pooling human and technical resources to create greater synergy and impact
- To facilitate intra-regional integration and exchange of knowledge, services and expertise
- To set benchmarks and standards for improving the performance of its members
- To serve as a forum for collective advocacy for resources to support health service delivery and efforts by African countries to attain the MDGs through better management.

This partnership of local and external organizations has therefore initiated a 12-month workplan, which includes the creation of a management knowledge and tools clearance centre, mapping of the expertise and experiences available to it, and advocacy action to support health sector management development in our countries.

The network elected Dr Peter Ngatia - Director of Capacity Building from AMREF⁴ as its chairperson, Prof Mady Koanda, Director General, CESAG⁵, as its vice chairperson, and an

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⁴ African Medical and Research Foundation
⁵ Centre Africain d'Études Supérieures en Gestion
interim executive comprising representatives from Africa's geographical and linguistic sub-regions. The interim executive shall run the affairs of the network for the next 12 months and oversee the evolution and implementation of its strategy.

The network looks forward to working with health service providers, managers and policy makers, clients and communities, international development partners and governments, to help produce sustained change in the operations and productivity of health systems in Africa through better leadership. It holds firmly to the principle that good leadership and management can greatly improve the coverage and quality of health interventions and is essential to achieving significant health gains for Africa!

Organizations represented at this meeting and which ratified the constitution include:

1. Institut Régional de Santé Publique (IRSP) Alfred Comlan Quenum de Quidah, BENIN
2. Institute of Development Management, Gaborone, BOTSWANA
3. Audrey and Associates, Gaborone, BOTSWANA
4. School of Public Health, Accra, GHANA
5. Ghana Institute of Management and Public Administration (GIMPA), Accra, GHANA
6. Universidad Eduardo Modlane, Department of Public Health, Maputo, MOZAMBIQUE
7. Health Reform Foundation of Nigeria (HERFON) Abuja, NIGERIA
8. Centre Africain d'Etudes Supérieures en Gestion (CESAG) Dakar, SENEGAL
9. Ecole Nationale de Santé Publique, Ouagadougou, BURKINA FASO
10. Institute National de Santé Publique, Abidjan, COTE D'IVOIRE
11. Ecole de Santé Publique de Kinshasa, Kinshasa, REPUBLIQUE DEMOCRATIQUE DU CONGO
12. Health Systems Trust, Durban, SOUTH AFRICA
13. School of Health Systems and Public Health, University of Pretoria, Pretoria, SOUTH AFRICA
14. School of Public Health, University of Witswatersrand, Johannesburg, SOUTH AFRICA
15. Eastern and Southern African Management Institute (ESAMI), Arusha, UNITED REP. TANZANIA
17. Uganda Management Institute, Kampala, UGANDA
18. East, Central and Southern Africa (ECSA) Health Community, Arusha, UNITED REP. TANZANIA
19. Institut santé et développement (ISED), Dakar, Sénégal
20. Africa Medical and Research Foundation (AMREF), Nairobi, KENYA
21. Kenya Methodist University, Meru, KENYA
22. African Mental Health Foundation (AMHF), University of Nairobi, KENYA
23. Strathmore Business School, Nairobi, KENYA

With international partner organizations:
24. The Capacity Project, Chapel Hill, NC, USA
25. BroadReach Healthcare, Cape Town, SOUTH AFRICA
26. Management Sciences for Health (MSH) Centre for Leadership and Management, Cambridge MA, USA
27. INTRAHEALTH International, Chapel Hill, NC 27517, USA
28. Instituto de Higiene e Medecina Tropical, Universidade Nova de Lisboa, Lisboa, PORTUGAL
29. Royal Tropical Institute (KIT), Development Policy and Practice, Amsterdam, NETHERLANDS
30. Centres for Disease Control and Prevention, Coordinating Office for Global Health, Sustainable Management Development Programme, Atlanta, USA
31. World Health Organization, Africa Regional Office, Brazzaville, CONGO
32. World Health Organization HQ, Department of Health Systems Governance and Service Delivery, Geneva, SWITZERLAND
33. World Health Organization HQ, Department of Human Resources for Health, Geneva, SWITZERLAND.
Appendix 2: Twelve-Month Workplan
December 2008 – December 2009

Overall Goal of Workplan
To establish the network of Africa Leadership and Management Institutions as a functional entity and initiate specific technical actions by the end of 2009.

Specific objectives
1. To establish an interim office for the network in AMREF and formally register the organization.
2. To fully register its membership.
3. To finalize the network's business plan and initiate fund-raising activities.
4. To prepare membership standards, quality support systems and tools for the network's actions.
5. To build the capacity of the network's membership in order to meet its objectives of supporting African countries, thus improving their health systems capacity.
6. To co-ordinate and support technical activities of the network members in support of the countries' needs.
7. To evaluate the performance of the network during the 12-month initial period.

The network's interim action plan is aimed at the period between its foundation and when it becomes fully functional. It therefore has two components: an initial aspect that deals with the administrative and legal processes for formally establishing its secretariat, and the preliminary technical activities aimed at providing the basis for its support to countries' health systems.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Activities</th>
<th>Responsibility</th>
<th>Start/end time</th>
<th>Outcome</th>
<th>Estimated Budget</th>
</tr>
</thead>
</table>
| 1. Administrative and Legal Processes to Establish Network | Establish the network  
(a) Adopt the constitution of the Network  
(b) Conclude and adopt business strategy | Membership | 5th Dec 2008 | Meeting held and adopted Constitution on 5th Dec. 2008 |  |
| | To finalize the Business Plan | IE, ESAMI <sup>6</sup>  
IE | Dec 2009  
March 2009 | Interim executive Committee elected | $10,000 |
| | To establish the interim office of the Network by the end of April 2009 | IE | Dec 2008  
Mar 2009  
Jan 2009  
Mar 2009 | Interim executive Committee elected | $50,000 (includes 1 year staff cost) |
| | To formally register founding members and new members and initiate communication between members | Secretariat  
Possible WHO HQ assistance  
Members /IE  
Secretariat | March 2009  
March 2009  
Ongoing 2009  
July 2009 | An established paid up membership roster with quarterly communications on activities. | $40,000 |
| | To formally register the Network as a Legal Entity | Chairperson  
IE | March 2009  
July 2009  
July 2009 | Network will initially operate within AMREF systems but be registered formally for legal purposes | $10,000 |
| | To initiate fund raising activities | Chairperson/IE  
Chair/Eric Buch  
Secretariat | By March 2009  
March 2009  
April 2009 | Financial strategy based on Business plan operational and all members fees collected | $25,000 (travel, meetings, materials) |

<sup>6</sup> IE - Interim Executive, ESAMI - East and Southern Africa Management Institute
<table>
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<tr>
<th>Objective</th>
<th>Activities</th>
<th>Responsibility</th>
<th>Start/end time</th>
<th>Outcome</th>
<th>Estimated Budget</th>
</tr>
</thead>
</table>
| 2. Preliminary Countries' Health Systems Support Activities | Establish links with other local and international health networks and organizations | • Communicate with international agencies active in Africa  
• Draw up collaboration plans with Africa entities e.g. WHO-AFRO, HRH Platform, ECSA, WAHO, OCEAC | Chair/IE, Secretariat/IE | By July 2009  
July/Aug. 2009 | • Share Network statement widely  
• Expand associate membership  
• Prepare joint plans | $10,000 |
| | To map capacity of membership to meet network objectives | • Map membership capacity and profiles in each country  
• Conduct a rapid capacity needs assessment for member institutions/countries and produce report with identified priorities  
• Design/Initiate Capacity Building activities in up to 3 priority countries | IE, IE/Consultant, IE, Consultants | April/May 2009  
June/July 2009  
Sept. 2009 | • Share Network statement widely  
• Expand associate membership  
• Prepare joint plans | $25,000  
$50,000 |
| | Develop standards and quality assurance system | • Collate information and tools on standards and quality of management development programs  
• Prepare, agree and circulate draft policy to members | IE, Consultant, Chair/IE | March 2009  
July 2009 | A collation of existing curricula, training and research approaches of members and a draft policy on standards | $10,000 |
| | Initiate network’s knowledge “clearing house” | • Collate data and information on relevant management development research, evidence, experiences, publications and tools into a database | IE; Consultants | Start: March 2009 | A database of publications, tools and other relevant learning resources started | $25,000 |
| | To initiate member collaboration activities in countries. | • Support joint bids/proposals e.g. for technical assistance to countries and help identify qualified institutions | IE/Secretariat | July 2009 | Involvement in country-based actions depending on member requests | $10,000 |
| | To evaluate the network's performance at end of 1st year | • Establish indicators for actions/activities  
• Monitor Network indicators at six-month intervals  
• Hold formal evaluation at the end of 12 months | Executive Committee | March 2009  
July  
November 2009 | A performance report for members and supporters by January 2010 | $25,000 |
| TOTAL ESTIMATES | | | | | $296,000 |
Appendix 3: Official Remarks and Statements

Opening Session

Welcome remarks by Dr. Manuel Dayrit, Director of Human Resources for Health Department, WHO HQ
I have been part of this process since the Accra and Kampala fora. Strengthening management and leadership in Africa means effectively managing the changes which Africa needs to undertake so people can attain their optimal level of health and wellbeing. It means managing the changes, besides fixing hospital equipment and buildings.

From the WHO point of view, these changes focus on four areas:
- Meaningful changes in Africa — targeting MDGs for a start
- Meaningful changes in the status and welfare of women
- Technical issues — strengthening of health systems which is inextricably linked with the renewal of primary health care
- Reform on issues of equity and universal coverage, founded mainly on financing that is fair. There is also need for change in government and leadership so that all the other areas can be enabled.

There is a difference between technical and adaptive change. When your car needs to be repaired, you go to a mechanic for the technical solution to fix the car. But if the problem is the way you drive, then taking it to the mechanic only masks the real problem. Maybe you need to drive it more carefully. In the next two and a half days, we need to concentrate on adaptive change — adaptations to which people around the table can contribute. We need to tackle the adaptive changes that this network will identify and address.

Remarks by Dr. Humphrey Karamagi, on behalf of the WHO Representative to Kenya
Leadership and management are key areas for reform. We have focused a lot on hardware, human resources etc., but we now know that if we do not address the software aspect, we will not achieve our health goals and MDGs. Leadership and management are key software issues that have been lagging behind.

We have been looking at how we can bring to the fore the issue of mid-level management. At the country level, we are looking forward to drawing on the expertise that this network will bring us. We are trying to work with implementers to see how we can translate the kind of outputs we need from middle level managers to give us the kind of outputs that we want. Therefore, we are keen to see what we can do to change the attitudes and approaches managers are using.
We are confident that the mix of people here will be able to move us forward, put together the architecture to get it moving, and then we can start drawing on the expertise of the network.
Opening and Keynote Address: Dr. Harrison Kiambati, on behalf of Prof. Anyang Nyong'o, Minister of Medical Services, Kenya

The formation of the network is especially good news for the Ministry of Medical Services, which has been mandated with the setting and regulation of standards of health care services in the country. Africa needs managers who have the administrative and managerial competence to co-ordinate activities and consult experts, where necessary, to ensure the efficient running of health institutions. We need leaders at all levels of the health system who will have the initiative to consult engineers and other experts on the soundness and suitability of new technology and who have the foresight to ensure that there are people with the skills to operate and maintain it. In addition, we need hospital administrators who can streamline procurement processes to ensure that the correct amount and type of drugs are in stock whenever they are needed. We need managers who will ensure that buildings and equipment are well maintained and used to optimal efficiency.

The savings that we make from efficient operations will enable us invest more in other areas that need attention. The Kenya government’s total budgetary allocation for health this financial year is US$ 34.4 billion. However, this amount is not enough to meet the various and growing demands on the health system by a growing population with a high burden of disease. The shortage of human resources for health requires efficient management for maximum benefit.

I appreciate the support of AMREF and other partners in helping the Government of Kenya to provide quality health care to its people, such as the e-learning programme, Diploma in Community Health and health management programme for leaders of African organizations caring for people and families living with HIV, all of which equip students with managerial skills. These and other programmes run by AMREF and by other organizations will ultimately help this continent to provide quality health care for its people and to move closer to achieving the Millennium Development Goals.

I declare the Health Leadership and Management Network officially launched.
Closing Remarks

Statement by Professor Mady Koanda - Director General of CESAG
I would like to thank AMREF for organising this meeting. Thank you on behalf of AMREF and CESAG for coming to launch the network, and for your input into making it a success. There will be obstacles and difficulties ahead of us, and I would appeal to the members of the interim committee to maintain the relationship that they have created here. Let us share information. We also need to establish a database which is important to growing the network. The major obstacle will be to mobilise funds for operationalising the network. Each of the institutions represented here has a wealth of experiences in mobilising funds, and we need to share them so that we can raise money. I urge you to be active in the network. We pledge to carry out what has been passed here. If the secretariat asks for information, kindly respond immediately, otherwise we will not be able to function properly. We hope at the next meeting to have good things to report to you.

Statement by Dr. Prisca Zwanikken (KIT) on behalf of External Partners represented
On behalf of the partners, thank you for inviting us, and congratulations to AMREF and CESAG for organising the meeting so well. Congratulations to you all for work well done. Congratulations for developing the workplan for next 12 months. We pledge our support. We are also eager to learn from you as we work to develop the people of Africa.

Statement by Dr. Adam Ahmat, on behalf of WHO AFRO
In March 2008, AMREF was given the task of establishing this network. I would like to congratulate the organisation for putting it together at such short notice. Thanks to AMREF and CESAG without whom we would not have achieved what we have today. A special request to the team of HR, WHO DEO; this new network deserves the attention of all the members of this network. I am convinced that engagement and participation of this network, the establishment and use of good governance and other factors will be used to give us the credibility that we require and make sure it is established. The WHO will support the network and work in partnership with the countries to get appropriate solutions for their countries in management in dynamism in health.

Closing remarks By Dr. Manuel Dayrit, WHO
Story: The Financial Times carried the story of a CEO of a successful company that produces chemical products. He said his company had no managers and no employees. Instead everyone thought of themselves as associates and stakeholders. A leader was identified as someone who called a meeting and people attended. They did have management, but this was ingrained in a culture of interdependence, co-operation and consensus. Adaptive change is enabled by an organizational culture that allows that change. So today we have given birth not just to a constitution and organization, but to an organizational culture, a network of unity, discipline, interdependence, a spirit of creating a new world for Africa.
Observation: The network is the future of which we speak. By your actions here today, the focus is now on you. By speaking about leadership and management in Africa, the rest of Africa is looking to you to lead and manage this network to success.
Challenge: The challenge for you as creators of a new organizational culture is to see this baby grow and running with its playmates within the year.

I declare this meeting officially closed.
### Appendix 4: Draft Budget Summary from the Business Plan

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<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>$334,563</td>
<td>$261,800</td>
<td>$287,980</td>
<td>$884,343</td>
</tr>
<tr>
<td>Mapping of Resources and Capacity</td>
<td>$20,000</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Development of Standards</td>
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<td>$3,300</td>
<td>$3,630</td>
<td>$9,930</td>
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<tr>
<td>Curricular Development</td>
<td>$3,000</td>
<td>$3,300</td>
<td>$3,630</td>
<td>$9,930</td>
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<tr>
<td>Capacity Building</td>
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<td>$33,000</td>
<td>$36,300</td>
<td>$99,300</td>
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<tr>
<td>Research</td>
<td>$40,000</td>
<td>$44,000</td>
<td>$48,400</td>
<td>$132,400</td>
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<tr>
<td>Conferences and Workshops</td>
<td>$40,000</td>
<td>$33,000</td>
<td>$36,300</td>
<td>$109,300</td>
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<tr>
<td>Marketing and Promotion</td>
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<td>$39,600</td>
<td>$43,560</td>
<td>$123,160</td>
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<tr>
<td>Advocacy</td>
<td>$40,000</td>
<td>$44,000</td>
<td>$48,400</td>
<td>$132,400</td>
</tr>
<tr>
<td>Fundraising(^7)</td>
<td>$164,688</td>
<td>$308,413</td>
<td>$421,554</td>
<td>$894,654</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$715,250</strong></td>
<td><strong>$770,413</strong></td>
<td><strong>$929,754</strong></td>
<td><strong>$2,415,416</strong></td>
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<tr>
<td>Available Funding(^8)</td>
<td>$408,750</td>
<td>$590,413</td>
<td>$749,754</td>
<td>$1,748,916</td>
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<tr>
<td><strong>Funding Shortfall</strong></td>
<td><strong>$306,500</strong></td>
<td><strong>$180,000</strong></td>
<td><strong>$180,000</strong></td>
<td><strong>$666,500</strong></td>
</tr>
</tbody>
</table>

\(^7\) This is the direct cost of fundraising. It is mainly the cost of offering faculty development programmes.

\(^8\) This is income from membership fees and faculty development programmes i.e. the income from building the capacity of members’ staff.
Appendix 5: Group Discussion Guides

1. Questions on the Review of the Draft Constitution
   - What criteria should determine where the network should be incorporated and secretariat located?
   - How should the network define Africa?
   - Who should have voting rights among the membership categories?
   - How will the council be formed (language, regional blocks, gender balance)?
   - Are there any more comments on the network’s organizational structure?
   - What kind of institutions should be members of the network?

2. Questions on the Business Plan
   - How adequate are the network services to its members?
   - What core contributions and services would you like to see the network make to members?
   - What could different members of the network contribute?
   - What additional key success factors should be included?
   - What other actions should be included in the milestones/activities for the initial 12-month period? What should be omitted?

3. Partners’ Session
   - How do you see your links with the network as described in the constitution?
   - What would be your role as “partners”?
   - What specific ideas/advice would you give about the constitution?
   - How formal or informal should the network be?
   - How can the network assist in your work?
   - In what ways do you see partners supporting the network?
   - What specific suggestions would you give for the business and work plans?
Appendix 6: Conference Declaration

<table>
<thead>
<tr>
<th>Name</th>
<th>Institute</th>
<th>Signature</th>
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<tbody>
<tr>
<td>1 Prof. Bazira Léodegal</td>
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<td>4 Dr. Moshin M. Sidat</td>
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<td>School of Health Systems &amp; Public Health, Univ. of Pretoria School of Public Health, Pretoria, South Africa</td>
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<td>Centre d’Etudes de la Famille Africaine (CEFA/CAFS), Lomé, TOGO</td>
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<tr>
<td>12 Ms. Audrey Kgosidinssi</td>
<td>Independent, Gaborone Botswana</td>
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<tr>
<td>13 Dr. John Kiyaga-Nsubuga</td>
<td>Uganda Management Institute, Kampala, Uganda</td>
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<tr>
<td>Dr. Papa NDIAYE</td>
<td>Service de Médecine préventive et santé publique / Institut de Santé et Développement (ISED).</td>
<td></td>
</tr>
<tr>
<td>Dr. Lawrence A. Kannae</td>
<td>GIMPA, Ghana</td>
<td></td>
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<tr>
<td>Dr Thobile Mbengashe</td>
<td>Health Systems Trust South Africa, Pretoria, South Africa</td>
<td></td>
</tr>
<tr>
<td>Prof. Sano Daman</td>
<td>Ecole Nationale de Santé Publique, Ouagadougou, Burkina Faso</td>
<td></td>
</tr>
<tr>
<td>Prof. Jorge Cabral</td>
<td>Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Portugal</td>
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<tr>
<td>Prof. Kouassi Dinard</td>
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<td></td>
</tr>
<tr>
<td>Prof. Kiyombo Mbela</td>
<td>Directeur, Ecole de Santé publique (ESP) de Kinshasa - République Démocratique du CONGO</td>
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</tr>
<tr>
<td>Dr. Steven V. Shongwe</td>
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<tr>
<td>Dr. Peter Ngatia</td>
<td>AMREF Hq, Nairobi, Kenya</td>
<td></td>
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<tr>
<td>Prof. Mutuma Mugambi</td>
<td>Kenya Methodist University (KEMU), Meru, Kenya</td>
<td></td>
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<tr>
<td>Prof. Alfred Mutema</td>
<td>Deputy Vice Chancellor, Kenya Methodist University, Nairobi, Kenya</td>
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<tr>
<td>Mr. George Kahuthia</td>
<td>Centre for African Studies, Nairobi, Kenya</td>
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<tr>
<td>Dr. Maureen Nafula</td>
<td>Strathmore Business School, Nairobi, Kenya</td>
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<tr>
<td>Dr John Marsh</td>
<td>Centers for Disease Control and Prevention (CDC), Atlanta, USA</td>
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<tr>
<td>Mr. Ummuro Adano</td>
<td>MSH. Capacity project - USAID, USA</td>
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<tr>
<td>Dr Karen Caldwell</td>
<td>MSH Center for Leadership and Management, Management Sciences for Health (MSH) Nairobi</td>
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<td>Prisca Zwanikken</td>
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<td>Mr. Niles Friedmann</td>
<td>BroadReach Healthcare, Cape Town, South Africa</td>
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</tr>
<tr>
<td>Laura Hoemeke</td>
<td>IntraHealth International, USA</td>
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<tr>
<td>Manuel Dayrit,</td>
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<tr>
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<tr>
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<td>World Health Organisation - AFRO</td>
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<tr>
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<tr>
<td>Dr. Valerie Hader</td>
<td>Africa Mental Health Foundation</td>
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<tr>
<td>Prof. David Ndeki</td>
<td>Ministry of Health, Kenya</td>
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### Appendix 7: List of Participants

<table>
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<tr>
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<th>Organisation</th>
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<td>Project Administrator, East and Southern Africa Management Institute (ESAMI), Arusha, <strong>Tanzania</strong></td>
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<td>11 Mrs. Adjibade Awa</td>
<td>Regional Team Leader for Central &amp; West Africa, Centre d'Etudes de la Famille Africaine (CEFA /CAFS), Lomé, <strong>Togo</strong></td>
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<tr>
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<td>32 Laura Hoemeke</td>
<td>Director, Twubakane Decentralisation &amp; Health Program, IntraHealth International, USA</td>
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Appendix 7: Photograph of the participants