Africa Health subscription information

For those who wish to guarantee receipt of each issue of the journal, there is a two-tier subscription price structure:

1. For Africa-based readers, and
2. For readers outside the continent of Africa

As digital technology develops so payment methods have become much easier than the now rather old-fashioned option of sending a cheque or making a formal (and expensive) bank transfer.

For those in the first category, copies will be airmailed to you from the ACHEST headquarters in Kampala.

The price is $40 per annum. Email: AHJsubs@achest.org for payment options. ACHEST is in the process of building a network of agents who can handle subscriptions in each country, thus making payments even simpler. Indicate what method of payment would be easiest for you and the ACHEST staff can respond accordingly.

For international readers the price will be $60 per annum (airmail). Again, please email: AHJsubs@achest.org for payment details, which will be sent by return.

We look forward to receiving your support!

Thank you.

A new beginning!

It is with pleasure and excitement that the African Centre for Global Health and Social Transformation (ACHEST) welcomes you to a new era for the *Africa Health* journal (AHJ). This journal has been around for 40 years and was managed by FSG under the untiring leadership of Bryan Pearson. Beginning with this issue the journal will be managed by ACHEST under the leadership of Francis Omaswa.

ACHEST is an initiative promoted by a network of African and international leaders in health and development. It is an independent think tank and a network. There is now abundant evidence to show that past and current efforts at identifying and implementing solutions that are handed down from outside and are not rooted in the history and culture of Africa have faced some difficulties. Ownership of these solutions by African countries and populations has repeatedly failed to take root and as a result such solutions have not achieved their full potential and, in some cases, have done more harm than good. At continental and country level, ACHEST aspires to strategically promote and advocate for the use of well-grounded knowledge and evidence to strengthen professionals and build institutional capacity that will provide transformational leadership to African communities, countries and the world. ACHEST applies constructive and targeted strategic communication at all levels to catalyse the behaviour change that will result in stronger ownership and implementation capacity for proven interventions and better health for Africa's people. To achieve this, ACHEST forges strategic alliances and partnerships with individuals and organisations within Africa and around the world. ACHEST's areas of focus include human resources for health, leadership and governance and strategic communication.

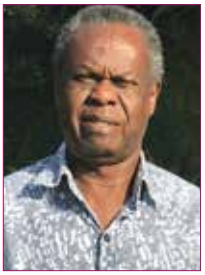
AHJ will remain a review journal that addresses the knowledge needs of policy makers, practitioners and academia who work on health at the frontline. AHJ will harvest and communicate relevant knowledge into easy-to-implement messages in African field situations. It will be responsive to needs and fill important information and knowledge gaps in Africa and offer continuous professional development.

AHJ will endeavour to continue to reach the people that it has always served, but it will also try to reach others that it has not reached before. This will be trying to widen the authors net and also to reach countries that have not yet been reached. It will also strive to include disciplines that may not have been served before.

This is a new and exciting journey, not only for ACHEST but also for the AHJ readership. It is the hope of ACHEST that our readers will also participate in ensuring that the AHJ continues to be a success. ACHEST will be open to your suggestions on making the journal even better. It is our hope that the AHJ will contribute to the improvement of health in Africa and the globe, considerating that the world is now a global village.

AHJ will be widely distributed with special focus on the hard to reach. AHJ will support the achievement of SDGs and UHC by inspiring action on Health for All through the active participation of the people themselves using available resources and technology in a manner that is sustainable and leaves no one behind.

Professor Francis Omaswa
(omaswaf@achest.org)

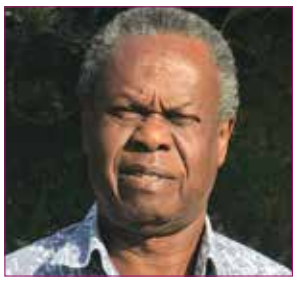


Defeating Malaria Together

MMV
Medicines for Malaria Venture

www.mmv.org

Inspiring a new breed of health diplomat



Empowering CSOs to play a more active role in Global Health Diplomacy was the subject of a recent international Workshop. Francis Omaswa reports

In September 2018, ACHEST held a Workshop at Entebbe, Uganda for civil society organisations (CSOs) from five African countries and the Netherlands on Global Health Diplomacy (GHD). The aim was to build their capacity to navigate the linkages between national, regional and global health issues as advocates for sexual, reproductive health and rights (SRHR). The workshop was funded by the Dutch government under the Health Systems Advocacy Partnership project.

CSOs have graduated from filling gaps in service delivery and acting as watchdogs to a new status where they are recognised partners and members of WHO Framework of Engagement with Non-State Actors (FENSA), adopted by the 2016 World Health Assembly. FENSA opened doors for CSOs, private sector, academia and philanthropy to engage openly as partners of WHO and member states to negotiate and champion developments in national, regional and global health. GHD skills are therefore necessary for CSOs and FENSA partners to achieve global health goals.

Although CSOs' formal authority in GHD remains limited, they play critical roles in initiating, formulating and implementing rules on topics such as HIV, the Framework Convention on Tobacco Control, and the International Health Regulations (IHR). This implies that informal participation can be highly effective. Given the intergovernmental nature of governance instruments, CSOs, understandably, have not always been given formal authority to make and enforce policy decisions. Governments will continue to fulfil the formal functions of rulemaking, but can enhance the policy process by broadening the scope for CSO involvement through improved consultation, representation and resource allocation. There are specific roles and opportunities for indigenous and international CSOs. At country level, indigenous CSOs have the stronger mandate to hold their governments accountable and being assertive during negotiations. International CSOs can partner with indigenous CSOs to address regional and global GHD issues. At the Entebbe Workshop, for example, Wemos, a CSO from the Netherlands, was an active participant and counterpart to African CSOs.

WHO defines GHD as the practice by which governments and non-state actors work to coordinate global policy solutions to improve global health. Implicit in this definition is the need to build the capacity of WHO Member States and non-state actors to participate effectively in GHD for collective action, taking advantage of opportunities to mitigate risks to global health. The capacity needed for GHD refers to specific methods for reaching compromise and consensus, systems for organisation, representation, communication, and the spaces and process for negotiating. It also entails relationship building at different levels with different actors.

The spaces in which GHD operates include trade and health, foreign policy advancement as 'soft power' and global public goods such as guidelines for treatment of diseases or management of disease outbreaks. Others are global health security and IHR for control of infectious diseases that cross borders; global health financing for mechanisms to pool and manage resources exemplified by the Global Fund to Fight Aids, TB and Malaria; and global health governance for ensuring that instruments and structures for dialogue and implementation are in place.

Many of the instruments and structures for GHD were launched immediately after the Second World War including WHO, UN Commission on Human Rights and Unicef. Others are recent, such as UNAIDS, GFATM, GAVI and other global health initiatives. While the older institutions were rooted in the experience of the war, the later ones were driven by the global movement on social justice and equity, and the realisation that we all share a common destiny for which collective action is a live or die choice. This calls for cultivation of trust in the negotiation of mutual benefits for global health goals and SDGs. This is the binding spirit against which the SDGs have been negotiated and are being implemented and monitored.

Key actors at global level include UN multilateral agencies such as: WHO, UNAIDS, UNICEF, UNDP, UN-

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation (Kampala); Founding Executive Director of the Global Health Workforce Alliance; and publisher of Africa Health.

FPA, UNEP and UN Women; the World Bank, IMF and WTO; government technical agencies such as USAID, NORAD, SIDA, IDRC, DFID, GIZ and JICA; foundations such as BMG and Rockefeller; global health initiatives/partnerships such as GFATM, Stop TB, GAVI, PMNCH and GHWN; contractors and consulting firms such as MSH, JSI, JIEPGHO and PATH. Additionally there are the for-profit and business sectors such as the pharmaceutical companies, vaccine and device manufacturers.

At the African level, key actors are the African Union Commission (AUC) and regional economic communities in Central, East, West and Southern Africa.

A new frontier for CSOs is Reproductive, Maternal, Neonatal Child and Adolescent Health (RMNACH) and Rights. The Geneva-based PMNCH has already successfully worked with indigenous CSOs in 10 African countries to build their capacity to advocate for RMNACH.

The success and future of CSOs in Africa will be determined by the quality of their internal governance. Further, understanding of the country context is critical including political, social, cultural and resource factors. Building trust and the institutionalising sound governance takes time and patience. There is a need for the international community to support both governments and local CSOs simultaneously, in the expansion of locally driven research, management and leadership, as well as the sharing of information and strengthening of networks.

The role of GHD is critical to the achievement of these aspirations as was demonstrated during the workshop in Entebbe.