BID INITIATIVE
Better data. Better decisions. Better health.

BID Learning Network (BLN) Design Collaborative Meeting

2–4 November 2016 | Kampala, Uganda

Contents

Introduction

The meeting brought together Ministry of Health (MOH) representatives from 15 sub-Saharan African countries (full list in Annex 2). The participants included those involved in country Expanded Programme on Immunization (EPI) programs as well as management/policy-level personnel. The focus of the meeting was change management.

Objectives

- Explore the methodologies behind change management and how to transform behaviors and organizational cultures.
- Learn from participating countries and the BID Initiative as to what has demonstrated success and overcome challenges in implementing change.
- Identify and discuss practical tools and strategies to facilitate change management.
- Delve into the challenges and opportunities surrounding health worker motivation.
- Identify resources and approaches to overcoming resisters and obstacles to change.

Expected Outcomes

- To provide a platform for peer learning and interaction, which is expected to afford exposure to what is happening in like countries, and to give an opportunity to share insights around change management for immunization information systems, data use practices, and the lessons learned in the different countries.
- To provide an opportunity for exchange of knowledge, experiences, and ideas that will enable collaborative links between peers from different countries in support of effective change management strategies that will lead to improved data collection, quality, and use.

Workshop Sessions

This three-day workshop employed didactic lecture sessions, country-based group work, country case study presentations and discussions, group discussion and brainstorming, and experiential learning (field visit). Participants were introduced and taken through each step of the Kotter's steps for change management as shown in the workshop agenda (Annex 1).

Introduction to change management

Structure: A brief overview of the decades of research that contribute to the established principles of Kotter's model and the evolving trends toward change platforms was provided by the facilitator. The session was interactive, with countries sharing their own experience of change management. A formal presentation on Kotter's model was also given.

Recap: The key issues that were covered included why people resist change and the introduction of Kotter's eight steps for change management. Resistance to change was said to be driven by fear of change and the unknown, failure to communicate and offer reassurance before implementing the change, and failure to address challenges that arise. The eight steps of Kotter's model that were covered are depicted in Figure 1.

Figure 1. Kotter's eight steps for change management.

Discussion

In the discussion that followed the presentation, it was emphasized that it was important to project the future and the expected impact of the target of change. At this point, a participant raised the issue of whether we should really be thinking about continuous improvement as opposed to change. Although this discussion was deferred to a later session, ensuing discussions demonstrated the difference between change management and continuous improvement. Other issues that were raised were:

- Importance of understanding the context and addressing areas of potential conflict and resistance.
- Need to ensure appropriateness of interventions in the environment in which the change is intended to occur.

- Being cognizant of the fact that feelings of not being appreciated, lack of involvement, overwork, difference in perceived status (e.g., difference between relatively well-paid nongovernmental organization [NGO] staff and poorly paid health workers) may give rise to feelings of anger. To address issues of anger and resistance, the meeting participants proposed that it is important to:
    - Ensure that incoming changes do not unduly increase the work load for health workers.
    - Consult extensively so that targets of change and other stakeholders commit to the change.
    - Avoid inflexibility as exemplified by donor/NGO insistence on things that do not work because of their budgets, policies, etc., resulting in a failure to embrace the implementer's views; the outcome of this is failure and professional resistance.
    - Involve all stakeholders, especially those at the grassroots—there is a need to address the 'so what' and 'what is in it for me' questions.
    - Reach out to lower levels and integrate their input into the planning and implementation of change management.

Key Lessons

The following important lessons were noted in relation to this introductory session on Kotter's model:

1. **Building a sense of urgency:** It was emphasized that the users at lower levels targeted by the system or product should be given an opportunity to identify the issues to be addressed and then use these to create a sense of urgency for the change. Ghana, Cameroon, and South Africa gave examples that highlighted the importance of illustrating the value add of the change to the targets of the change. In the example from South Africa, the need was to improve data quality and improve reporting times by using District Health Information Software (DHIS) with improved features that enable improved data quality). Strategically the South African implementers approached the national health council to approve the change. Once approved at this high policy level, the program team embarked on a road show to consult and get input from the targets of the change, namely: all program managers, health information managers, doctors, nurses, development partners, and other key stakeholders. Once they obtained buy-in, they requested provinces to develop implementation plans for the proposed change so that provinces could own and lead the change. According to the report provided during the meeting, this worked for them. The meeting noted the importance of using appropriate media for communicating the urgency as well as the need to address complexities and individual allegiances. Having a communication plan was also noted as indispensable.
2. **Building a guiding team** (forming a powerful coalition): It was underscored that the guiding team should be different from the status quo team! The aim of creating this team is to reduce the burden on the leadership team, recruit people with influence and drive, and have a mechanism to handle continuity. The team must have a strong line manager with teamwork history. In practice, countries noted that hierarchy makes it difficult to manage change, especially in the civil service, if the incumbent authority resists the proposed change and buy-in is not obtained. It was thus noted that team members should not follow the usual hierarchy,

which would mean business as usual. Even removal of a resistant authority does not work because s/he may have people who have allegiance to him/her. Participants from Zimbabwe contributed a solution to such a scenario by sharing an example of how they used an advisory group to engage resistant senior leaders of EPI[1], NCDs,[2] and RH[3] who neither wanted to share information nor initiate activity on HPV[4] vaccination and further opposed anyone who wanted to do so. The country got around this problem by constituting a national HPV Strategic Advisory Group co-chaired by a former Permanent Secretary of Health and a renowned gynecologist specialized in cervical cancer. This worked for them, and the program was able to take off.

3. **Institutionalization (Building on the change and making it stick):**The participants saw this as the most challenging step and highlighted the need for comprehensive buy-in by stakeholders, early engagement of policy-level personnel, focus on the institution rather than the individual so that staff movements have minimal detrimental effects, incorporation of sustainability plans from the start, incorporation of change management activities into running budgets, clear ownership of the process, evidence to support the change, sufficient capacity-building to support and sustain change, and enabling environments.

Key messages

- We should always go back to issues of concern for revision and refinement.
- Cost must always be considered for effecting and sustaining the change.
- Good communication and active involvement of stakeholders is cardinal.

Notable quotes

"Change must matter most to those affected by it in order to facilitate the change." — Njie Mbye, The Gambia

"Consider the place of the human being in every change initiative, so that change is effective." — Dr. Abdoulaye Diaw, Senegal

Field visit

Structure: Participants were taken to Luuka Health Facility in Kiyuga District in Uganda to learn from an innovative homegrown solution to information management, the Uganda Health Facility Management Information System.

Recap: The Uganda Health Facility Management Information System (UHFMIS) set up at Luuka is a product of the collaboration between the Ministry of Health through the Division of Health Information, Makerere University College of Health Sciences, and Uganda Chartered Healthnet. The UHFMIS uses a local area network (LAN) where each facility has a server to which all

[1] EPI – Expanded Programme on Immunization
[2] NCDs – noncommunicable diseases
[3] RH – reproductive health
[4] HPV – human papilloma virus

electronic devices are connected through Ethernet cables or a wireless LAN. This set up can be adapted and improved with improving infrastructure, and the main server location can become regional or national. Every station in the system flow requires a desktop computer, a laptop, a tablet, or even a simple device like a smart phone with a wide enough screen. The system currently possesses data from more than 3,000 patients/clients.

Observations

The participants' discussion highlighted the following:

- There was evidence of a high level of community involvement in the initiative, and the participants were impressed with the effective sector-wide involvement and contribution to the project implementation. The role of the higher education community, district-level political and developmental organs, policymaking entities, and health facility and high-level government organs was evident in the design and implementation of the program. The enthused participants stated that this is something other countries could learn from as they seek to set up viable programs.
- This was a practical example of an undertaking where urgency has been successfully created.
- Participants were impressed with the onsite champions —they were sold on the program.
- There was deep appreciation of the use of color codes to enable easy triaging and identification of services required by respective health care workers.
- The integration of immunization, nutrition, and maternal health services was much appreciated by those in attendance.
- The system mirrors the paper system but, as the two systems run in parallel, consequently increasing the work load, there is keenness from the health worker perspective to have one system in place so as to reduce the amount of work.
- The system is supported by an onsite technical team, which also acts as a mentorship team and provides support to the health workers.
- Sustainability of the system has been enhanced through aggressive engagement of the political structures from national to district level. That the various levels of governance were truly invested in this program was evident to the participants during the site visit.
- Remaining challenges for this system include linking to the national DHIS2 system, linking all service units to the system, and finally making the decision to go fully electronic.

Lessons

Participants highlighted the following as the key lessons they learned.

1. **Need for champions**: Having a highly placed motivated and innovative person within the ministry of health who is able to convince an entire government to introduce a course at a national university and to address a health challenge within government resources is important to innovate and implement initiatives to improve service delivery. This project was the brainchild of one ministry of health official who went for training in Holland and came back with the idea that what he had learned could be adapted and implemented in his own country.

2. **Sustained cross-sector engagement**: Success is energized and more likely to be sustained by cross-sector engagement. Viable homegrown solutions are possible if political structures at the different levels of government are actively engaged and interested.
3. **Being innovative in using local resources to attract additional external resource**: It is possible to initiate solutions within limited local resources and attract more funding as you show results.
4. **Sustained change management activities**: Change management never stops because staff will change, as will leaders.

Notable quotes

"*Each time I attend a BLN meeting I come back a different person!" — Eddie Mukooyo, MOH Uganda*

"I loved the system and can take it with me to Kenya! There is decision support in the system!! I liked the inbuilt quality check; Uganda's vision to give everyone an identity from age zero will resolve the problem of a unique identifier system; modular design was good because you can use just what is relevant to your interests." — Jeremiah Mumo, MOH Kenya

"This was a very good system because data that usually comes separate was actually visualized together." — Fidel Paizone, MOH Mozambique

Creating a sense of urgency and putting together a guiding team

Structure: This session continued the discussion on Kotter's model for change management through an interactive presentation.

Recap: This presentation was modelled around the BID work in Tanzania and highlighted the cardinal need for buy-in at all levels. The necessity to demonstrate value add to the people targeted for the change was also underscored. Formation of user advisory groups and their role in carrying activities forward was narrated, and it was noted that active involvement of the MOH and their physical presence during activities was cardinal. It was further communicated that challenges of direct importance to the worker at the material time must be addressed to enable the creation of a sense of urgency.

Discussion: In a lively discussion that ensued, the following points were raised:

- **Use of barcodes**: Participants wanted to know how bar coding contributes to following up children to ensure vaccination schedules are duly completed. The meeting was informed that bar codes are stuck to the child health card (CHC), and the centers are provided with scanners that enable the children to be followed up at both at their usual and any other health facility provided with scanners.
- **Data security and management**: Meeting participants wanted to know how sensitive information in the electronic immunization registers was handled and what backup plan the Tanzania team had to mitigate against data loss. The issue of the denominator was raised as well. While the issue of data security and backup was not fully addressed, it was noted that

the matter was important and further electronic immunization registers should be developed in such a way that they align with existing reporting systems. It was noted that confidentiality should be seriously considered in all these processes.

- **Denominator**: The issue of the denominator surfaced, and the meeting was informed that in Tanzania the intervention sites were using data on hospital births only, but this would soon be extended to include home birth data through the use of community health worker registers. It was noted that consistency in coverage reports was important.
- **Selection of pilot areas:** There was also a question on how sites were selected. The response was that the selection of intervention areas was based on the need to test the system's behaviour in high-, medium-, and low-volume urban, semi-urban, and rural settings before scale up.
- **Training and supervision:** Participants were told that health workers were provided continuous technical support and coaching by facility supervisors**.** Participants proposed that requisite knowledge and skills should be included in national training curricula as a way of ensuring adequate numbers of staff to support information, communication and technology (ICT)-based information systems.
- **Project to program transition:** The meeting noted that change management in pilot projects is very different from change management at national program level (projects have resources that may not be available at program level). Transition from micromanagement by project staff to management by MOH is very different and often accounts for program failure, once the project phase ends.

Create and communicate a vision for change

Structure: This was an interactive presentation on creating a vision and communicating it. The session was based on the experience of BID Zambia.

Recap: This was an interactive lecture on steps 2 and 3 of Kotter's model. Key issues raised were ensuring that government was aggressively engaged into vision formulation and that the vision was clearly communicated and understood by all key stakeholders. Sustainability should be planned for from inception and actual total cost of ownership of the system to be adopted and sustained should be known from the start and clearly communicated to government. There is need to strategize so that ownership and continuity are promoted. It was underscored that there should be an honest conversation about the ins and outs of the proposed project with key stakeholders.

Discussion: Participants noted that sudden changes in policy or key staff negatively impact the program and that not having a product is a hindrance to ownership. However, it was noted that the limitation of change should not be the product but the extent to which a vision is owned. It was also observed that volunteers were at the centre of the immunization system in Zambia and that this calls for training of these volunteers.

- Some participants noted that, in some countries, visible differences in privileges between those that work for government and those that work for partners lead to feelings of resentment

and ‘checking out’ of the project by government-employed staff. Another noted that partner overstay in the facilities and inability to empower the system to take on the challenges in human resource management work against continuity and sustainability. A participant also noted that, in some cases, lack of transparency about difficulties and failure to explain the benefits of the project to the targets of change hinder successful takeover of projects by national programs.

- The participants also questioned the wisdom of having a multiplicity of approaches to immunization information systems in the different countries. This was acknowledged by the differences in policies and situations in different countries that make a unified approach difficult.

Case study from South Africa

A case study on change management from South Africa was presented, and participants were tasked to practice the last four steps of the Kotter model. The key points from the participants’ discussion were:

- For the group that resisted change in the case study, participants proposed a removal of obstacles, focus on short-term wins, highlighting value add, and treating the Kotter model as iterative. They also indicated the need to ensure entrenchment through steps 7 and 8.
- They also observed the need to identify the requisite decision support and the need to empower action through stakeholder support. It was also pointed out that continuous advocacy and meetings were important to overcome resistance—this would include the selling of short-term wins.
- It was stressed that people must be made to see improvement in relation to their daily work to buy into a change, and stakeholder involvement must be engaged from the start. People must have access to information as needed.

Overcoming resistance

The key issues raised here were that one should not be judgmental, appreciate work load and the constraints that this can impose, be adaptable and listen to what health workers are saying, collaborate with workers to the extent possible, ensure your change strategy takes into account the fact that levels of interest vary from person to person, find advisors who can advocate for you, look into the future and project benefits of the change, and continuously assess the impact of the change that is being instituted.

Journey maps

Structure

Participants were introduced to journey maps and how they have been used to symbolize different aspects of change that teams and organizations might need to consider during their change management journey. The intention was that each country should practice drawing a journey map and discuss how it can be applied to their work in change management.

Recap

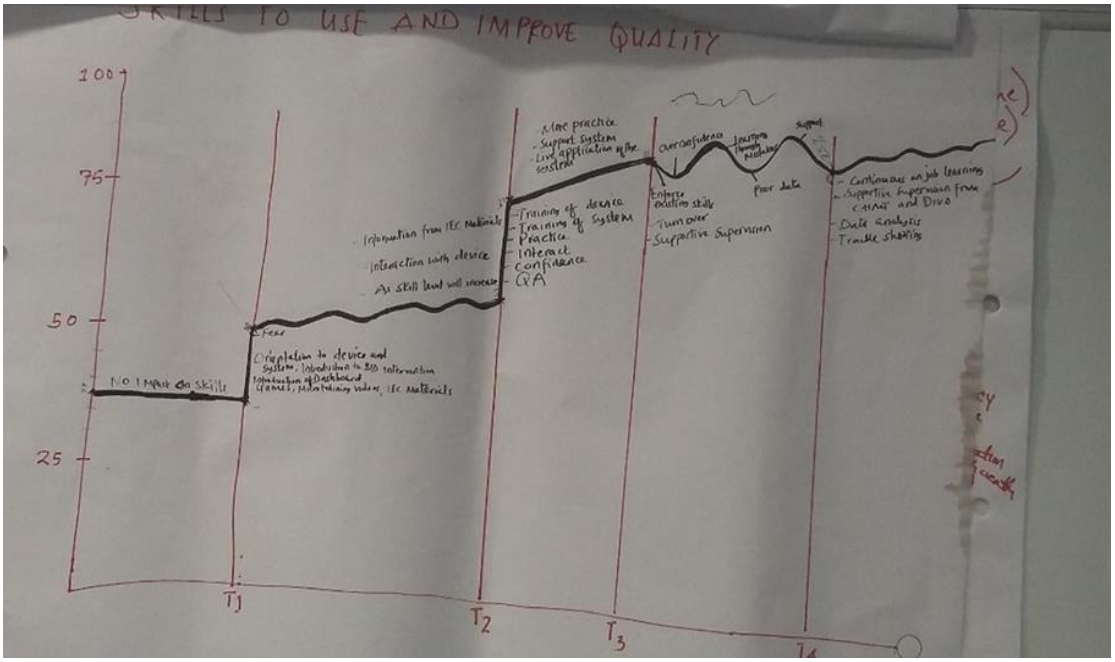
The journey map (Figure 2), which was introduced as a tool to trace stages of change for the health workers in Tanzania through the BID Initiative work, was deemed useful for triggering and empowering action.

Lessons

The key lessons shared from this session were:

1. Effective journey mapping requires supportive elements such as training for health workers, targeted supervision, guides, peer networking, and, if possible, help desk support.
2. Time intervals between supervisory visits must be sufficient to allow for the expected change to happen.
3. An observed reluctance for health workers to read manuals makes a help desk indispensable.
4. Staff turnovers challenge continuity.
5. Select easy-to-use indicators that can be readily measured.
6. Monitor changes at each stage so that challenges can be addressed as they arise.
7. It is imperative to engage primary stakeholders during the design process.

Figure 2. An example of a journey map from change management activities in Tanzania.



Packaging BID resources

Structure: This was a session designed to extend the discussion on how to best frame and share materials and learnings generated through BID so that they are accessible and actionable.

Recap: Participants were divided into small groups to review the content page of the proposed tool kit to validate completeness and indicate what should be covered under each heading. This is an ongoing exercise.

Meeting Evaluation

Evaluation responses were obtained from 11 participants. Overall quality score for the meeting averaged at 4.3 (out of a possible 5). The meeting was seen as having provided an opportunity for peer learning (4.5 out of a possible 5) and was seen as relevant to personal and country priorities (both elements having been scored at 4.5 out of a possible 5). However, there did appear to be a challenge with the hotel's customer service, and a couple of participants would have preferred being nearer the town centre. The majority of participants (10 out of the 11 who did the evaluation) were satisfied that the meeting had met its objectives and the meeting content was useful to them. Average score for both elements was greater than 4 of a possible 5. Further, as participants were impressed with the site visit, it was felt that a whole day should have been allocated to it; participants also noted that it would have helped if the site had been nearer to the meeting venue. Facilitation of the meeting was rated highly by all except two participants at an average score of 4.2 out of a possible 5. One of the discontented participants wanted the countries to do the presentations, which was not possible for this meeting due to a lack of response from the countries when the call for presentations was made.

Annexes

Annex 1: Agenda for Design Collaborative Meeting, Uganda, 2–4 November 2016

Tues, Nov 1	**Arrival and registration of participants**
Evening	Dinner (own arrangement)
Wed, Nov 2	**Session 1: Setting the stage** **Chair: Uganda** **Rapporteurs: TBD** **Sub-objectives:** • **Climate setting for the meeting** • **Provide overview of BID/BLN** • **Introduce change management** • **Introduce journey maps and their usage** • **Give countries opportunity to develop journey maps**
Morning	Breakfast on own (provided by hotel)
08:00 – 09:00	**Welcome and climate setting** **Facilitator:** Uganda **Description:** The participants will be welcomed and the facilitator will review the agenda for the day. Opportunity will be provided for self-introductions and participants will be given logistical arrangements for the meeting. Additionally, norms and expectations will be discussed.
09:00 – 09:30	**Overview of BID Initiative and BID Learning Network (BLN)** **Facilitator:** Chilunga Puta **Description:** The facilitator will give a brief overview of BID and the BID Learning Network and highlight key expected outcomes from the meeting**.**

09:30 – 11:00	**Introduction to change management** **Facilitator:** Aziza Mwisongo **Description:** The facilitator will render a brief overview of the decades of research that contribute to the established principles of Kotter's model and the evolving trends toward change platforms (reference document: Build a change platform, not a change program; Digital hives—creating a surge around change). Each country will be expected to make a five-minute presentation of the change management experience in own country. The facilitator will also give a 20-minute presentation on Kotter's model. Ten minutes will be allocated to Q&A.
11:00 – 11:30	Tea/coffee break
11:30 – 12:00	**Introduction to journey maps** **Facilitator:** Daines Mgidange **Description**: The facilitator will give a 20-minute presentation to introduce journey maps and how they have been used to symbolize different aspects of change that teams and organizations might need to consider during their change management journey. Ten minutes will be allocated to Q&A.
12:00 – 13:00	**Development of journey maps for change management by individual participating countries** **Facilitators:** Aziza Mwisongo, Daines Mgidange, Masaina Bwakya, Chilunga Puta **Description:** Each participating country will develop a journey map for their own country's change management activities, referencing materials given in the preceding 'Introduction to Journey Maps' presentation. Each country will be allocated 30 minutes to produce a map, followed by 30 minutes for a brief presentation of their map.
13:00 – 14:00	Lunch
14:00 – 16:00	**Packaging BID resources** **Facilitator:** Maeghan Orton **Description:** During this session, BID will continue the discussion on how to best frame and share materials and learnings generated through BID so they are accessible and actionable. This session will build on the packaging discussions that occurred during the Ghana design collaborative meeting.

16:00 – 16:30	Tea/coffee break
16:30 – 17:30	**BLN monitoring exercise** **Facilitator:** Chilunga Puta **Description:** During this session, country participants will be required to complete an online questionnaire to enable a network analysis of the progress of the BID Learning Network.
17:30	End of day
18:00 – 19:30	Cocktail and official opening
Thurs, Nov 3	**Session 2: Operationalizing change management** **Chair: Ghana** **Rapporteurs: TBD** **Sub-objectives:** • **Presentation and analysis of case studies to highlight practical dimensions of change management** • **Conduct field visits to sites in Uganda to identify good practices and gaps and to offer recommendations for improvement** • **Practice journey maps by country**
Morning	Breakfast on own (provided by hotel)
07:30 – 13:30 (Packed tea and lunch)	**Field visit** **Facilitator:** Dr. Eddie Mukooyo **Description:** Participants will be taken to sites in Uganda where they will be expected to make change management–related observations to identify what is good and what could be done better and additionally to make recommendations.

14:00 – 15:00	**Roundtable discussions of field work experiences** **Facilitator:** Dr. Eddie Mukooyo **Description:** There will be four roundtables, each consisting of a reconstituted group of participants, such that each table has a representative from each of the sites visited. Each group will highlight what they see as the key achievements, lessons, and opportunities for improvement and sum their discussion by making recommendations on how what Uganda has done and learned can be applied to other countries as these countries undertake change management activities.
15:00 – 16:00	**Change management – case study on "Create a sense of urgency" and "Pull together a guiding team"** **Facilitator:** Daines Mgidange **Description:** This session aims to elaborate the critical first step in making sure that adequate numbers of people act with the right urgency. This session will also emphasize the need for strong leadership with a vision from a community (guiding team) that motivates toward change. It will also highlight the importance of these guiding teams as they help drive the action within their units as change progresses. A case study from the Zambian BID group will help illustrate these issues and provide an understanding of context-related strategies that were used to create a sense of urgency and to build a guiding team.
16:00 – 16:15	Tea/coffee break
16:15 – 17:15	**"Form a strategic vision and initiatives" and "Communicate the vision"** **Facilitator:** Masaina Bwakya **Description**: This session aims to share experiences on how to shape a vision to help steer the change effort and develop strategic initiatives to achieve that vision. Further, a key element in building commitment to the advocacy for change is effective communication between the team, the stakeholders, and the participants in the potential change. This session will emphasize the importance of communication and its plan. A case study from one of the participating countries will help illustrate context-related strategies that were used to create and communicate their vision.
17:15 – 17:30	Summation and end of day

Fri, Nov 4	Session 2 – continued from Day 2
Morning	Breakfast on own (provided by hotel)
8:30 – 08:45	**Recap Day 2** **Facilitator:** Country participant **Description:** Summation of key learnings and takeaways from previous day and review of day's agenda; facilitator will be expected to conduct an energizer.
08:45 – 09:45	**"Empower people to act on the vision" and "Generate short-term wins"** **Facilitator:** Participant from non-BID project: Nigeria/Mali/South Africa/ Uganda **Description:** This session aims to showcase the different strategies used to raise a large force of people who are ready, willing, and able to drive change, sometimes known as champions. The session will also aim to illustrate how to consistently produce, track, evaluate, and celebrate small and large accomplishments and correlate them to results.
09:45 – 10:45	**Consolidate gains and produce more change; don't let up; create clear, visible success stories early in the process** **Facilitator:** Participant from non-BID project: Nigeria/Mali/South Africa/ Uganda **Description:** This session aims to share experiences on how countries have sustained acceleration through increasing credibility of change systems, structures, and policies that don't align with the vision; hiring, promoting, and developing employees who can implement the vision; reinvigorating the process with new projects, themes, and volunteers.
10:45 – 11:15	Tea/coffee break
11:15 – 12:15	**Institutionalization – aligning change management with national policies** **Facilitator**: Aziza Mwisongo **Description**: For interventions to be scaled up and become sustainable, there is a need to align them with existing systems and policies (for instance, aligning dashboards with existing supportive supervision activities). This session discusses strategies to include this alignment early in program design and the necessary steps to succeed.

12:15 – 13:15	**Resisters – how to overcome challenges from key stakeholders who are not supportive or actively engaged** **Facilitator:** Masaina Bwakya **Description:** This session will combine some theories on strategies and examples from countries on how they have dealt with resisters in the past. (Zambia BID Initiative will also present on this topic.)
13:15 – 14:15	Lunch
14:15 – 14:45	**Introduction to tools for implementing change management** **Facilitator:** Daines Mgidange **Description:** Change management is a structured approach for ensuring that changes are thoroughly and smoothly implemented and that the lasting benefits of change are achieved. Several tools related to change management will be introduced.
14:45 – 15:45	**Revisiting and discussion of journey maps from Day 1** **Facilitators:** Aziza Mwisongo, Daines Mgidange, Masaina Bwakya **Description:** Each country will review and update the journey maps done on Day 1 to reflect knowledge they have gained through discussions in the previous two days. Each country will be requested to provide feedback.
15:45 – 16:00	Tea/coffee break
16:00 – 17:00	**Country-specific small groups: Defining next steps appropriate for each country** **Facilitator:** Aziza Mwisongo **Description**: Each country will identify critical questions and formulate next steps for own country. Each country will share the outcome of this analysis with the rest of the group.
17:00 – 17:30	**Meeting evaluation and closing** **Facilitator:** Chilunga Puta **Description**: Meeting summary, highlights of various communication channels, evaluation, and closure of meeting.
18:30 – 20:30	Group dinner

Annex 2: Participant List for Design Collaborative Meeting, 2–4 November 2016

Name	Country of Residence	Organization
Dr. William Kabore	Burkina Faso	Ministry of Health (MOH)
Mr. Calvin Tonga	Cameroon	MOH
Dr. Georges Bleou Vincent Boris	Côte d'Ivoire	MOH
Mr. Mbye Njie	Gambia	MOH
Mr. Dominic Kwabena Atweam	Ghana	Ghana Health Services
Ms. Aketch Millicent	Kenya	AFENET – CDC
Mr. Jeremiah Mumo	Kenya	MOH
Mr. Ivo Parker	Liberia	MOH
Mr. Geoffrey Chirwa	Malawi	MOH
Mr. Fidel Paizone	Mozambique	MOH
Mr. Abdoulaye Gueye	Senegal	PATH – Senegal
Dr. Diaw Abdoulaye	Senegal	MOH
Mr. Thabiso Mothana	South Africa	MOH
Ms. Daines Mgidange	Tanzania	PATH – Tanzania
Dr. Luzze Henry	Uganda	MOH
Mr. Allie Kibwika Muyinda	Uganda	MOH
Dr. Patrick Banura	Uganda	MOH
Ms. Agatha Tumwine	Uganda	CIS – Uganda
Mr. Edwin Kamugisha	Uganda	CIS – Uganda
Dr. Edward Mukooyo	Uganda	MOH
Mr. Brian Atuhaire	Uganda	PATH – Uganda

Phionah Atuhebwe	Uganda	PATH – Uganda
Aziza Mwisongo	United States	PATH – Seattle
Ms. Kamuwanga Nampu	Zambia	PATH – Zambia
Mrs. Regina Munsanje	Zambia	PATH – Zambia
Dr. Chilunga Puta	Zambia	PATH – Zambia
Ms. Masaina Bwakya	Zambia	PATH – Zambia
Dr. Portia Manangazira	Zimbabwe	MOH