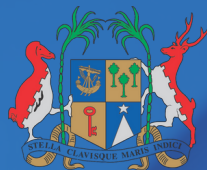




# EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY

Fostering Regional Cooperation for Better Health



## 15<sup>th</sup> Best Practices Forum & 31<sup>st</sup> Directors' Joint Consultative Committee Meeting

4 – 6<sup>th</sup> August, 2025 | Inter-Continental Mauritius Resort



ESWATINI



KENYA



LESOTHO



MALAWI



MAURITIUS



TANZANIA



UGANDA



ZAMBIA



ZIMBABWE

# ABOUT MAURITIUS



Mauritius is a beautiful island nation situated in the Indian Ocean, approximately 2,000 kilometers off the southeastern coast of Africa. The country has a population of about 1.3 million and is renowned for its political stability, strong governance structures, and economic diversity. Mauritius is a multi-ethnic society with deep cultural heritage and vibrant traditions, hosting communities of Indian, African, Chinese, and European descent. Its economy is supported by tourism, agriculture (notably sugarcane), financial services, textile manufacturing, and an increasingly dynamic ICT sector. Tourism plays a vital role in the economy, with Mauritius being famous for its pristine beaches, coral reefs, luxury resorts, and rich biodiversity. Popular attractions include Le Morne Brabant, Black River Gorges National Park, Chamarel Waterfall, and the Seven Colored Earths. Mauritius is also recognized for its stable democracy and high ranking on the Human Development Index (HDI) among African nations.

Mauritius has achieved relatively strong health outcomes compared to regional peers. Life expectancy stands at around 75.6 years, with an infant mortality rate of 12 per 1,000 live births and a maternal mortality ratio of 53 per 100,000 live births. The country offers free public healthcare at the point of use, led by the Ministry of Health and Wellness. The health system comprises five regional hospitals, two district hospitals, several specialized institutions, and an extensive network of community health centers. The private healthcare sector also contributes significantly to health service delivery, particularly in diagnostics and tertiary care.

Mauritius faces a growing burden of non-communicable diseases (NCDs), which are responsible for over 80% of all deaths. High prevalence rates of diabetes, cardiovascular diseases, cancer, and obesity are fueled by sedentary lifestyles, poor dietary habits, and urbanization. The country has one of the highest diabetes prevalence rates in Africa. Mental health challenges, including depression and anxiety, are increasing, though services remain underdeveloped and stigmatized. Despite having largely controlled communicable diseases such as HIV/AIDS and malaria, the risk of re-emergence and pandemic threats persists, emphasizing the importance of ongoing preparedness.

Mauritius has embarked on several initiatives to address its health challenges. These include national NCD control programs that promote regular screening and health education. Wellness centers have been expanded to provide community-based preventive services. The health sector is embracing digital transformation through electronic health records and telemedicine solutions. The COVID-19 pandemic response demonstrated Mauritius's readiness, including effective contact tracing, isolation protocols, and high vaccination coverage. Additionally, efforts are underway to improve mental health services, expand geriatric care, and strengthen the climate resilience of health infrastructure. The country continues to invest in Universal Health Coverage (UHC) by upgrading facilities, decentralizing services, and building human resource capacity.

# WELCOME NOTE BY THE DIRECTOR GENERAL



It is my privilege to welcome each of you to the 15th Best Practices Forum of the ECSA-HC here in the beautiful Republic of Mauritius. This gathering brings together policy-makers, researchers, member states, implementers and partners from across our region to share innovations and lessons that drive stronger, more resilient health systems.

I extend special thanks to the Government of Mauritius for hosting us, to the Minister of Health for your gracious support, and to every delegate who has travelled near and far. Your presence and commitment underscore our

shared resolve to improve health outcomes for the more than close to 1.5 billion people we serve across the region.

Under the theme “Enhancing Health Systems for Equity, Resilience and Sustainability,” we will:

- Showcase proven interventions/best practices that have saved lives and improved service delivery from within the region and beyond
- Identify scalable models for pandemic preparedness and response
- Foster south–south partnerships that accelerate implementation and impact

Over the next two days, I encourage you to engage fully—in plenaries, technical sessions and informal conversations. Challenge assumptions, forge new alliances, and leave with concrete, actionable ideas you can adapt to your unique context. Our recommendations from the BPF will be submitted to the Directors Joint Consultative Committee for further refinement and subsequently presented to the 76<sup>th</sup> Health Ministers Conference for consideration as resolutions/policy statements for collective action.

Together, let us reaffirm our collective vision: a region where every person enjoys equitable access to quality health services, and where no shock—natural, economic or epidemiological—can derail our progress. I look forward to our dialogue, innovative ideas, best practices and collaboration.

Welcome to the 15th ECSA-HC Best Practices Forum!

**Dr. Ntuli A. Kapologwe**

**Director General**

**East, Central and Southern Africa Health Community (ECSA-HC)**

# MESSAGE FROM THE GUEST OF HONOUR



Your Excellencies, Members of the DJCC, Director General of the ECSA Health Community, Distinguished Delegates, Development Partners, Ladies and Gentlemen,

It gives me great pleasure and honor to welcome you all to the beautiful Island of Mauritius for the 15<sup>th</sup> Best Practices Forum of the East, Central and Southern Africa Health Community. We are delighted to host this important gathering, bringing together experts, policymakers, and partners from across the region to share innovations, experiences, and practical solutions to advance our collective health agenda.

The theme of this year's forum, "Enhancing Health Systems for Equity, Resilience, and Sustainability", resonates strongly with Mauritius' own journey and vision for health. We firmly believe that resilient and inclusive health systems are the cornerstone for achieving Universal Health Coverage and ensuring that no one is left behind—especially in the face of global challenges such as pandemics, climate change, and economic shifts.

Mauritius has made significant investments in health infrastructure, workforce development, and digital health innovations. However, we also recognize the importance of regional collaboration and shared learning in addressing cross-border health challenges, strengthening surveillance systems, and improving access to quality care.

This Forum provides a unique opportunity to reflect on our progress, identify scalable best practices, and build stronger partnerships across our member states. I encourage all participants to engage actively, share ideas generously, and return to their countries with new tools and insights for implementation.

Let me also take this opportunity to express our appreciation to ECSA-HC for their continued leadership in fostering knowledge exchange and technical cooperation among our countries.

Once again, I warmly welcome you to Mauritius and wish you a fruitful and inspiring Forum.

**Thank you**

**Hon. Anil Kumar Bachoo**  
**Minister of Health and Wellness**  
**Republic of Mauritius**



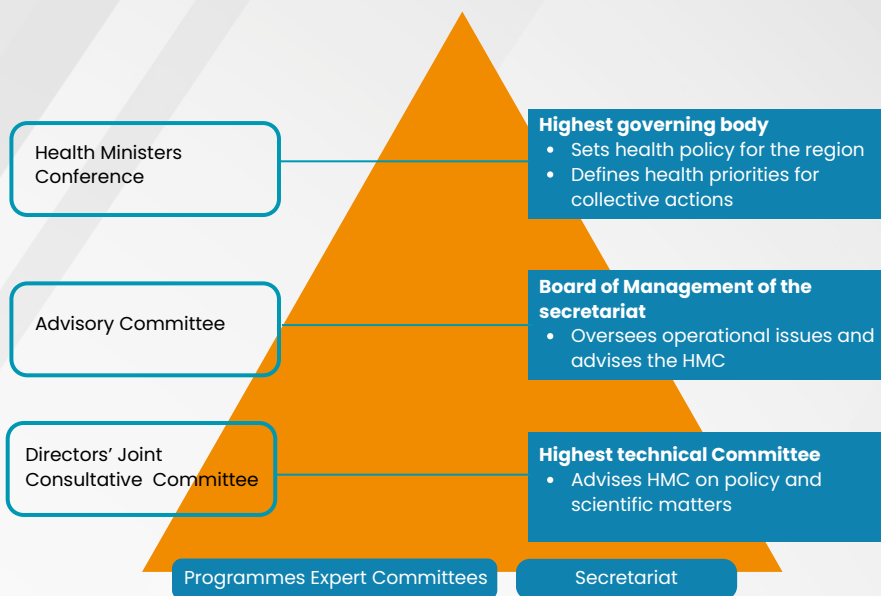
# ABOUT ECSA-HC



The East, Central and Southern Africa Health Community (ECSA-HC) is a regional intergovernmental organization dedicated to improving health outcomes across its member states: Kenya, Lesotho, Malawi, Mauritius, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Recognizing that the diseases know no borders, ECSA-HC has also been working collaboratively with other neighbouring countries to advance the health agenda in the region. The organization was established in 1974 under the auspices of Commonwealth Regional Health Secretariat. The organization has been advancing regional support to the member states.

The ECSA-HC is governed by several key organs that ensure effective oversight and strategic direction. At the apex is the Conference of Health Ministers, comprising the Ministers of Health from member states, which sets strategic priorities, endorses policies, and aligns ECSA-HC's initiatives with regional and international health agendas. The Advisory Committee that consists of the Permanent/Principal Secretaries and serves as the Management Board to oversee the operational issues and offer advice to the HMC. The Directors Joint Consultative Committee (DJCC), made up of Directors/Director Generals of Health Services, Deans of Medical Schools and Heads of Research Institutions in the member states senior health officials, provides technical guidance to the Conference of Health Ministers.

ECSA-HC areas of support includes policy and strategies harmonization, health workforce development, disease control and prevention, health systems strengthening, maternal and child health, non-communicable diseases (NCDs), nutrition and food security, research, health information systems and knowledge management among other technical areas implemented through four cluster areas namely: (1) Health Systems and Capacity Development; (2) Family Health and Infectious Diseases; (3) NCDs, Food Security and Nutrition; and (4) Knowledge Management and Monitoring and Evaluation.



ECSA-HC collaborates with a range of partners, including regional organizations such as the East African Community (EAC), West Africa Health Organization (WAHO), AUDA-NEPAD, African Union (AU) and the Southern African Development Community (SADC); international donors like the Global Fund, World Bank, USAID, USCDC as well as collaborating partners such as the World Health Organization (WHO), Africa CDC, ASLM, Amref Health Africa, IGAD, Gates Foundation and other various development and implementing partners. These collaborations enhance the reach and impact of ECSA-HC's health initiatives, ensuring sustainable health development and improved well-being across the region.

# ABOUT THE ECSA-HC BEST PRACTICES FORUM

The ECSA-HC Best Practices Forum (BPF) is a flagship annual event of the organization, initiated in 2002 as a knowledge-sharing platform to promote evidence-based policy and programmatic decisions in the health sector. The forum provides a structured space for member states, technical experts, policymakers, researchers, and partners to present and learn from innovative practices, successful interventions, and lessons across the region.

Over the years, the ECSA-HC BPF has evolved into a robust platform influencing health policies and service delivery through the adoption of regional resolutions by the ECSA-HC Health Ministers Conference. It has catalyzed knowledge translation and peer learning, contributed to improved programming, and informed strategic investments in public health.

Each edition of the forum aligns its theme with regional and global health priorities, addressing emerging challenges and opportunities in health systems.

**The theme for the 15th Best Practices Forum is “Enhancing Health Systems for Equity, Resilience and Sustainability”**

**Sub-themes and Tracks**

<b>Sub-theme 1. Achieving Universal Health Coverage through Strengthened PHC Systems</b>	<b>Sub-theme 2. Driving Innovation &amp; Resilience: Local Manufacturing for Health Security</b>
Track 1: Strengthening Community Health Systems Track 2: Health System Resilience & Sustainable Financing Track 3: Digital Health Innovations	Track 1: Strengthening Local Manufacturing Track 2: Research, Innovation & Technology Track 3: Health Security
<b>Sub-theme 3. Enhancing Governance, Leadership &amp; Human Resources for Health</b>	<b>Sub-theme 4. Tackling Non-Communicable Diseases (NCDs)</b>
Track 1: Workforce Development, Retention & Motivation Track 2: Leadership, Governance & Partnerships Track 3: Gender, Equity & Inclusion	Track 1: Health Promotion Approaches Track 2: Nutrition and NCD Prevention & Management Track 3: Innovation in Neurological Disorders Management

**Dr Martin Matu**  
**Director of Programmes**  
**ECSA-HC**

# MEETING AGENDA FOR THE 15TH BEST PRACTICES FORUM

## Pre-conference

**August 2–3, 2025 – Intergenerational Policy Dialogue Engaging Policy Makers and Youth Mental Health Policy Reforms and Legislation Supporting Youth Mental Health Services in the ECSA–HC Region**

## Day 1: Monday 04<sup>th</sup> August, 2025

08:00 – 09:00	Registration
09:00 – 10:00	<b>Opening Session – Chair: Mauritius</b> <ul style="list-style-type: none"> <li>• Welcome remarks</li> <li>• ECSA–HC</li> <li>• WHO</li> <li>• WAHO</li> <li>• World Bank</li> </ul> <b>Official Opening – Honourable Minister of Health and Wellness</b>
	<b>About the 15<sup>th</sup> BPF – Martin Matu, ECSA–HC</b>
10:00 – 10:30	Keynote: Enhancing Health Systems for Equity, Resilience and Sustainability – <b>Dr. Ntuli A. Kapologwe</b> , ECSA–HC Director General
10:30 – 11:00	<b>TEA BREAK</b>
11:00 – 12:00	<b>Sub theme 1: Achieving Universal Health Coverage through Strengthened PHC: Chair – Kenya; Rapporteur: Khalide Azam</b>
	<b>Plenary Session 1 (Roundtable discussion)</b> <ol style="list-style-type: none"> <li>1. <b>(Lead Presentation):</b> Zimbabwe’s Past, Present, and Future: A Model of Health Systems Resilience through Public Health, Primary Health Care, and Health Systems Strengthening: <b>Sivakumaran Murugasampillay</b></li> <li>2. Analyzing the Funding Landscape of the ECSA–HC member states in the Era of Declining Official Development Assistance (ODA) from USAID: <b>Tina Chisenga</b></li> <li>3. Cancer Care Financing: <b>Javan Ochieng</b></li> <li>4. Revolutionizing Health Policy Dialogue through a ‘Thinking Together’ Approach: Insights from the Health Economics Policy Engagement Think-Tank in Malawi: <b>Sebastian Minongwa Mboma</b></li> </ol>

<p>12:00– 13:00</p>	<p><b>Sub theme 2: Innovation and Local Manufacturing for Health Security:</b> <b>Chair: Malawi: Rapporteur: Vincent Kipkorir</b></p> <hr/> <p><b>Plenary Session 2</b></p> <ol style="list-style-type: none"> <li>1. <b>(Lead Presentation):</b> Local Manufacturing of Vaccines, Pharmaceuticals and Diagnostics: Experiences from Kenya Biovax Institute: <b>Kenya Biovax</b></li> <li>2. Strengthening Local Manufacturing of In Vitro Diagnostics (IVDs) for Health Security in Sub-Saharan Africa: Opportunities, Barriers and Pathways Forward: <b>Christian Kapinga</b></li> <li>3. Equity through innovation: reimagining Africa's health future with local manufacturing of medicines- <b>Yamanya Tembo</b></li> <li>4. Leveraging Data Quality Audits to Fortify Health Supply Chain Resilience: Lessons from Eswatini's Central Medical Stores: <b>Mavis Vilane</b></li> <li>5. Cost-Effective Health Systems Strengthening: <b>David Cunningham</b></li> </ol>
<p>13:00 – 14:00</p>	<p><b>LUNCH AND NETWORKING</b></p>
<p>14:00 – 15:30 <b>PARALLEL SESSIONS</b></p>	
<p><b><u>Parallel Session 1: Community health systems</u></b></p> <p><b>Chair: Uganda</b> <b>Facilitators: Andrew Silumesii</b></p> <p>With Communities, For Health: Co-Creating Public Health Solutions in low-income settings: <b>Rene English</b></p> <p>Effective coverage and adoption of initial treatment bundle for controlling postpartum hemorrhage in a low resource setting: An implementation outcome study: <b>Ashebir Getachew Teklemicheal</b></p> <p>Hepatitis B Virus vaccination effectiveness among human immunodeficiency (HIV) patients at a tertiary care hospital in Kigali, Rwanda: <b>Sebatunzi Rurambya Osee</b></p> <p>Enhancing early childhood development at scale using Community Health Workers: Trade-offs and interactions between a cash transfer program and an integrated parenting program in Tanzania: <b>Ester Elisaria Msuya</b></p>	<div data-bbox="420 598 688 1412"> <p><b><u>Parallel Session 2: Health Systems Resilience and Sustainable Financing.</u></b></p> <p><b>Chair: Lesotho</b> <b>Facilitators: Edward Kataika</b></p> <p>Sustaining Progress: The Enduring Resilience and Impact of Eswatini's Prevention of Mother-to-Child HIV Transmission (PMTCT) Program: <b>Nompumelelo Dlamini-Mthunzi</b></p> <p>Revolutionizing Personalized Medicine in LMICs via Synthetic Biological Intelligence: <b>Burayayi Brian Mukudzavu</b></p> <p>Cost analysis of adding hypertension and diabetes management into routine HIV care in Mbarara and Ibanda districts, Uganda: <b>Mackline Ninsiima</b></p> <p>Increasing return on healthcare budgets through strategic procurement: <b>Esther Njenga</b></p> <p>Enhancing Quality Healthcare Delivery through Market-Based Solutions: A Case Study from Tanzania: <b>Pastory William Sekuke</b></p> </div> <div data-bbox="700 598 1013 1412"> <p><b><u>Parallel Session 3: Digital Health Systems</u></b></p> <p><b>Chair: Malawi</b> <b>Facilitators: Chris Minja/Jones Masiye</b></p> <p>Digital Health to Improve the Diagnosis of Tuberculosis in Children: The eHealth4ChildTB Project: <b>Patrick Lungu</b></p> <p>Leading with Data: The NaHSAR Approach to Strengthening Eswatini's Health System from the Ground Up: <b>Sebentile Myeni</b></p> <p>Development and digitization of National Antimicrobial Resistance Surveillance Training curriculum: A Kenyan experience: <b>Sheilla Jepkemboi Chebore</b></p> <p>Developing and piloting the implementation of a contextualized m-Health-integrated system for tracking and reporting obstetric violence incidences in Tanzania: <b>Theresia J.Masoi</b></p> </div>
<p><b>Discussion and Recommendations</b></p>	



## Wealth Africa Health Organization (WAHO)

15:30 – 17:00

### PARALLEL SESSIONS

#### Parallel Session 4: Strengthening Local Manufacturing

**Chair:** Zimbabwe  
**Facilitators:** Evelyn Wesangula

Championing Quality Through Competence: Strengthening the Health Supply Chain to Enable Primary Health Care in ECSA Region: **Wilson Chandomba**

The Lassa Fever Vaccine Coalition – A Strategic Response to Strengthening Regional R&D and Health Security in West Africa: **Aishat Bukola Usman**

Regulatory gap in retail drug outlets in Tanzania: Implications for enhanced oversight and enforcement: **Tumaini Makole**

Innovation for impact: advancing local manufacturing of antibiotics drive health equity in Africa. **Olen Hamatanga**

#### Parallel Session 5: Research, Innovation and technology

**Chair:** Mauritius  
**Facilitators:** Godfrey Sama/Benedict Mushi

Stool-based testing: sensitivity of stool swabs and Xpert MTB/XDR testing as follow up test for drug-resistant tuberculosis in children and people living with HIV in Tanzania: **Rebecca Japhet Mwaheleja**

An Artificial Intelligence–Based Chatbot as a Tool for Promoting Nutritional in Community Setting: **Rajabu Simba**

Pattern Discovery and Analysis of High-Prevalence Diseases Using Machine Learning in Rwanda: Insights from health post and Patient Records: **Daniel Nsanzabandi**

An Artificial Intelligence-based chatbot for Helicobacter pylori Health Education: A Potential tool for Community Awareness: **Rajabu Simba**

The SADC Tuberculosis Cross-Border Referral System (CBRS): **Tina Chisenga**

#### Parallel session 6: Health Security

**Chair:** Tanzania  
**Facilitators:** Mohamed Ally

Investigation and Response to the 2024 Rift Valley Fever Outbreak in Ngoma District, Rwanda: A One Health Approach- **Clare Murekatete**

Survey of Antimicrobial Residue Presence in Environmental Wastewater at Kilifi County, Kenya: **Irene Kokushubila Lweikiza**

Public Health Medicine: Then, Now, and Beyond in South Africa and the Region: **Tracey Naledi Naledi**

Building Public Health Leadership Capacity in Zimbabwe: 30 Years of the MPH-FETP Program's Impact on Workforce Development and Health Security: **More Mungati**

17:30

### Exhibitions

Cocktail Reception – Co-Sponsored by Qure.ai

# MEETING AGENDA FOR THE 15TH BEST PRACTICES FORUM

## Day 2: Tuesday, 05<sup>th</sup> August, 2025

08:30 – 09:00	Recap of Day 1 – Facilitator
9:00 – 10:00	<p><b>Sub-theme 3: Enhancing Governance, Leadership and Human Resource for Health: Chair – Tanzania; Rapporteur: Godfrey Sama &amp; Martin Matu</b></p> <p><b>Plenary Session 3</b></p> <ol style="list-style-type: none"> <li><b>1. Lead Presentation:</b> Strengthening the Backbone of Health Systems: Governance, Leadership, and Workforce Excellence <b>Kelly Oluoch</b></li> <li>Strengthening Health Workforce Performance and Data Use Through Monitoring and Coaching to Improve Post-Pregnancy Family Planning Uptake in TCI Next Gen Cities in Kenya: <b>Nancy Aloo</b></li> <li>From Review to Impact: Thematic Analysis of UPR findings and experiences to advance Right to Health and inform future UPR reviews in ECSA-HC member states: <b>Felix Maonera</b></li> <li>Accelerating Health Systems Improvement through Regional Learning: The ECOWAS Best Practice Forum Experience: <b>Namoudou Keita</b></li> <li>Feasibility of a Locally Driven Regional Collaborative Network For Surgical Outcomes Data Collection: <b>Godfrey Sama Philipo</b></li> </ol>
10:00 – 11:00	<p><b>Sub theme 4: Tackling Non-Communicable Diseases (NCDs): Chair – Eswatini: Rapporteur: Jones Masiye/Doreen Marandu</b></p> <p><b>Plenary Session 4</b></p> <ol style="list-style-type: none"> <li><b>(Lead Presentation):</b> Improving Mental Healthcare Delivery: A Project to Strengthen Pharmaceutical Supply Chain Systems for CNS Drugs at Mirembe National Mental Health Hospital – Tanzania: <b>Halima Hussein Osman</b></li> <li>Does implementation of the Package for Essential Non-Communicable Diseases (PEN) improve management of hypertension and diabetes mellitus at primary care level in Mashonaland Central, 2024?: <b>Terrence Musekiwa</b></li> <li>Improving Diagnosis and Management for Type 1 Diabetes Mellitus (T1DM) among Children and Adolescents, through Introduction of First-ever T1DM Management Guidelines in Kenya: <b>Caroline Cheruiyot</b></li> <li>Using System Thinking Approach to Assess Readiness of Tanzania's Health System to Early Identification of Children with Disability and Developmental Delays: <b>Farida Katunzi</b></li> </ol>
11:00: 11:30	<b>HEALTH BREAK</b>

11.30–13:00	PARALLEL SESSIONS	
<p><b><u>Parallel Session 7: Workforce development</u></b></p> <p><b>Chair: Kenya</b> <b>Facilitators: Tina Chisenga</b></p> <p>Strengthening primary health care systems in low- and middle income countries: Lessons from the global primary health Care program of the International Institute for Primary Health Care – Ethiopia: <b>Tirsit Mehari Abate</b></p> <p>Not Just Technical: Transforming Maternal and Newborn Care through Human Factors training in Zimbabwe: <b>Davidzoyashe Patronellah Makosa</b></p> <p>A Cross-Sectional Study of the Obstetrician and Gynaecologist Workforce in East, Central and Southern Africa: <b>Godfrey Sama Philipo</b></p> <p>Midwifery competences and scope of practice association with adverse maternal outcomes in Zimbabwe: <b>Abigail Kapfunde</b></p> <p>Early implementation of peer-to-peer learning on Integrated Specimen Referral Systems (ISRS) in Kenya: <b>Jeremiah Okari Ogoro</b></p>	<p><b><u>Parallel Session 8: Leadership and Governance</u></b></p> <p><b>Chair: Zimbabwe</b> <b>Facilitators: Martin Matu/ Sibusiso Sibandze</b></p> <p>A Needs assessment for the development of a Nursing Leadership Competency Framework: South African Nurses' Perspective: <b>LLP Bayeni</b></p> <p>Strengthening Nursing Leadership through development of an orientation package: Malawi's Strategy under the PEPFAR Nursing Leadership Initiative: <b>Emily Gondwe Gama</b></p> <p>Zimbabwe's MPH–FETP Program: A Cornerstone for Public Health Leadership and Human Resource Development: <b>Gerald Shambira</b></p> <p>Titration Mentorship to Local Needs to Strengthen Leadership and Management in Hospitals: <b>K Vallabhjee</b></p> <p>Advancing Hospital Governance and Leadership: A Competency-Based Framework for Strengthening Health Service Delivery– <b>Leonard</b></p>	<p><b><u>Parallel Session 9: Gender, equity and inclusion</u></b></p> <p><b>Chair: Malawi</b> <b>Facilitators: Sebentile Myeni</b></p> <p>Building Resilient and Equitable Health Systems through Virtual Workforce Development: Insights from the TEACH AMS ECHO Initiative in the East, Central, and Southern Africa Region: <b>Amy Groom</b></p> <p>Advancing Efforts Towards Universal Health Coverage: Economic Empowerment as an Important Wheel for Enhanced Uptake of Health Insurance among Disadvantaged Groups in Tanzania: <b>Pastory William Sekuke</b></p> <p><b>Round table discussion:</b> Incorporating Gender, Equity and Inclusion in health programme</p>
13:00 – 14:00	LUNCH	
14:00 – 14:45	<b>POSTER PRESENTATIONS AND EXHIBITIONS</b> <b>(VINCENT KIPKORIR LEAD FACILITATOR)</b>	

14:45 – 16:00		PARALLEL SESSIONS	
<p><b><u>Parallel Session 10: Health Promotion</u></b></p> <p><b>Chair: Uganda</b> <b>Facilitators: Jones Masiye</b></p> <p>Antenatal Care Promotion During Pregnancy in Zambia: The Role of Digital Health in Healthcare System Strengthening: <b>Chikafuna John Banda</b></p> <p>Layering Primary health care networks to enhance early antenatal care initiation: insights from TCI's Maternal Newborn Health pilot in six health facilities in Rongo sub-county, Migori County, Kenya: <b>Nancy Aloo</b></p> <p>Bridging Immunization Gaps: Lessons from Zambia's 2024 Measles–Rubella Supplementary Immunisation Activity (SIA): <b>Moses Mwale</b></p> <p>Study of factors associated with the acceptability of the coronavirus vaccine in adults in Kinshasa in the commune of Lemba in 2022: <b>Rodrigue Nakasala</b></p>		<p><b><u>Parallel Session 11: Nutrition, NCDs and Management</u></b></p> <p><b>Chair: Zambia</b> <b>Facilitators: Doreen Marandu</b></p> <p>From Theory to Practice: Addressing High Risk Foot Challenges in Diabetes Mellitus in Kalulushi District, Zambia: <b>Frank Mukonde</b></p> <p>Adherence To Insulin Treatment and Glycaemic Control Among Patients with Diabetes Attending Diabetic Clinic at Bugando Medical Centre Mwanza, Tanzania: <b>Nicodemus Peter Madyedye</b></p> <p>Population-Based Prevalence and Determinants of Hypertension Amongst PLHIV in Urban and Rural Malawi: Implications for Integrated Care Models: <b>Victor Mithi</b></p> <p>Leveraging HIV Program Structural Architecture to Optimize HIV and NCD Integration: The Malawi Case Study: <b>Beatrice Lydia Matanje</b></p> <p>Improving Diabetes Care in Rural Zimbabwe: Insights from a Multi-District Patient Cohort: <b>Alvern Mutengerere</b></p> <p>WHO-PEN@Scale – Strengthening Primary Care for Diabetes and Hypertension in Eswatini: A Nationwide Cluster-Randomized Controlled Trial: <b>Sijabulile Dlamini</b></p>	
		<p><b><u>Parallel Session 12: Innovation for Disability and Neurological Disorders Management</u></b></p> <p><b>Chair: Zimbabwe</b> <b>Facilitators: Godfrey Sama</b></p> <p>Caregivers' readiness to attend epilepsy clinic for their children and associated factors in Ifakara, Tanzania: A sequential explanatory mixed method study: <b>Majani Edward</b></p> <p>Developing community-based workforce capacity to respond to the burden of musculoskeletal pain and disability – the UWEZO Program Tanzania: <b>Anthony Woolf</b></p> <p>The Bread, Exercise, Empowerment, and Soup (BEEs) Framework as a Community-Based Intervention for Tackling Non-Communicable Diseases: A Comprehensive Mixed Methods Research Protocol: <b>Frank Manase</b></p> <p>Strengthening healthcare systems globally to achieve universal health coverage for musculoskeletal health impairments: <b>Anthony Woolf</b></p>	
Discussion & Recommendations			
16:00 – 16:30		<p><b><u>The Role of Regional Health and Economic Communities (RECs) in Advancing Regional Coordination Mechanisms and Health Security in Africa (roundtable)</u></b></p> <p>WAHO   Commonwealth   GIZ Health Project   COMESA  ECSA-HC</p> <p><b>Moderator: Kenya</b> <b>Facilitator: Martin Matu</b></p>	
16:30 – 17:00		<p><b><u>Launch of regional documents led by Mauritius</u></b>   <b>Facilitator: Evelyn Wesangula</b></p> <p><b>Launch two key regional guidance documents developed through World Bank funded Health Emergencies Preparedness response and Resilience, MPA, namely:</b></p> <ul style="list-style-type: none"><li>• Curriculum Guide for AMR and IPC integration in pre-service education</li><li>• Regional Implementation Guide on HAI Surveillance and MDRO Containment</li></ul>	

# MEETING AGENDA FOR THE 31ST DJCC MEETING

Day 3: Wednesday, 06 <sup>th</sup> August, 2025	
08:30 – 09:30	Exhibitions & Drafting of Recommendations
9:30 – 10:30	Presentation and Adoption of Best Practices Forum recommendations
10:30 – 11:00	Closing of the Best Practices Forum
11:00: 11:30	HEALTH BREAK
11:30 – Onwards	Closed Session of the Directors’ Joint Consultative Committee (DJCC)



# THEME: ENHANCING HEALTH SYSTEMS FOR EQUITY, RESILIENCE AND SUSTAINABILITY

---

## Background

The 15th Best Practices Forum (BPF) of the East, Central and Southern Africa Health Community (ECSA-HC) is convened under the theme “Enhancing Health Systems for Equity, Resilience and Sustainability.” This theme reflects the urgent need to adapt and transform health systems to address long-standing inequities, recurrent shocks such as pandemics, and the demand for sustainable service delivery models in a changing financing landscape. The region continues to face a triple burden of disease, limited fiscal space, fragile supply chains, and workforce constraints. Yet, there is growing momentum to build systems that not only survive but thrive in the face of emerging health threats and socioeconomic transitions as we all as diminishing financing. This year’s BPF provides a unique platform for countries to showcase tested innovations, share implementation experiences, and discuss policy and programmatic strategies for accelerating progress toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). The platform will use the opportunity to discuss the gaps and measures to mitigate against challenges brought about by the financing cuts. It also supports inter-country learning, documentation of promising practices, and regional alignment of priorities. The forum is an opportunity to engage policymakers, implementers, researchers, and partners in practical, solution-oriented dialogue to drive sustainable change across national health systems.

## Session Objectives

- Identify and share innovative practices that enhance health system equity, resilience, and sustainability.
- Review policy options and strategic interventions supporting UHC and health security.
- Promote cross-country learning and peer-to-peer exchange on strengthening health systems.
- Engage stakeholders in aligning country and regional health reforms with global agendas including health financing agenda.
- Document and recommend best practices for scale-up across the ECSA region to be presented to the DJCC and further to the Health Ministers Conference for implementation.

## Expected Outcomes

- A compilation of best practices presented and validated by countries and technical partners.
- Policy recommendations to enhance regional and national health system resilience.
- Strengthened networks and collaboration among stakeholders in the ECSA-HC region.
- Identification of scalable models and innovations for health equity and sustainability.
- Increased capacity of country teams to adapt and implement context-specific health reforms.

# REGIONAL PRE-CONFERENCE INTERGENERATIONAL POLICY DIALOGUE ON YOUTH MENTAL HEALTH SERVICES

## Background

Mental Health (MH) conditions among young people represent a significant public health burden worldwide, with at least 13 percent of people between the ages of 10 and 19 living with a diagnosed mental-health disorder. Poor MH during adolescence is one of several factors influencing risk-taking behaviour, including self-harm; use of tobacco, alcohol, and drugs; risky sexual behaviours; and exposure to violence. The effects of all these persist and can have serious implications throughout a person's life. The burden of MH within the ECSA-HC member states mirrors the global burden, as borne out by a survey conducted in April 2023 by the Commonwealth youth's representative in some of the ECSA-HC member states (Kenya, Rwanda, Tanzania, and Uganda). Findings indicated that majority of the youth had expressed a need to address MH. Unfortunately, youth MH remains one of the most underfunded and underrecognized public health issues in the region and beyond. MH conditions such as depression, bullying, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation are prevalent among adolescents and youths. Despite this, fewer than 10% of young people in low- and middle-income countries (LMICs) receive any MH support.

At the 2022 Commonwealth Youth Forum held on the margins of the Commonwealth Heads of Government Meeting (CHGM), young people identified MH as an issue that required urgent attention by member states. They made strong statements on a need to address the rising MH among young population and a need to be engaged as key and equal stakeholders in MH interventions. The recognition of MH as a health challenge has also been elevated in the ECSA-HC ministerial meetings. From 2006 to date, MH has been addressed in a wider NCD agenda and several deliberations. ECSA-HC takes MH as a priority and it included it in the 2024-2034 ECSA-HC Strategic plan under strategic objective 4 (NCDs, Mental Health, Injuries and Malnutrition).

The regional intergenerational policy meeting involving policymakers and representatives of youth from ECSA-HC member states is being convened to strengthen advocacy for MH policy reforms and the development of legislation supporting youth MH services across the region.

## Session Objectives

- Produce a comprehensive landscape analysis of the current youth MH burden across the nine target ECSA-HC member states.
- Define and map out the current service provision gaps and opportunities available to advance youth and youth-friendly mental health interventions across the region.
- To identify key policy and legislative gaps affecting access to youth-friendly MH services in ECSA-HC member states.

## Expected outcomes

- Regional report outlining the current status and burden of youth MH across the nine target ECSA-HC member states.
- A clearly defined map of service provision gaps and opportunities, highlighting areas for scaling up youth-friendly MH interventions and strengthening health systems response.
- Detailed policy and legislative gap analysis, identifying specific barriers and opportunities for reform to improve access to mental health services for youth in the region.



MAIN CONFERENCE  
SUB-THEMES AND TRACKS

# SUBTHEME 1: ACHIEVING UNIVERSAL HEALTH COVERAGE THROUGH STRENGTHENED PHC SYSTEMS

## Background

Primary Health Care (PHC) serves as the cornerstone of effective, equitable, and resilient health systems. It is widely recognized as the most inclusive and cost-effective approach to achieving Universal Health Coverage (UHC), particularly in low- and middle-income countries (LMICs). However, the path toward UHC in the East, Central, and Southern Africa Health Community (ECSA-HC) region is being challenged by diminishing Official Development Assistance (ODA), emerging health threats, and rising burdens of non-communicable diseases.

This session brings together high-level experts and stakeholders to examine innovative approaches and country experiences that demonstrate how strengthened PHC can drive UHC goals despite fiscal constraints. The session will also highlight advancements in personalized medicine, explore innovative financing models for cancer care, and showcase Zimbabwe's model of resilient health systems grounded in PHC and public health reforms.

## Session Objectives

- Assess the current funding landscape for health in ECSA-HC member states considering declining ODA, particularly from USAID.
- Explore the potential of synthetic biological intelligence in advancing personalized medicine within LMIC contexts.
- Examine sustainable financing strategies for cancer care in resource-constrained settings.
- Share Zimbabwe's experience in building a resilient health system through PHC, public health, and systems strengthening.

## Expected Outputs

- A synthesized understanding of regional health financing trends and the implications for PHC and UHC.
- Increased awareness of the role of synthetic biology and personalized medicine in advancing health outcomes in LMICs.
- Shared strategies for mobilizing resources and designing innovative financing models for specialized care such as cancer.
- Lessons learned from Zimbabwe's health system strengthening journey to inform regional action.
- Key recommendations and takeaways for policymakers, development partners, and technical experts to strengthen PHC as a pathway to UHC in the ECSA region.

## TRACK 1: STRENGTHENING COMMUNITY HEALTH SYSTEMS

### Background

East, Central and Southern Africa faces significant healthcare challenges, with community health systems playing a critical role in addressing these issues. Strengthening these systems is central to achieving Universal Health Coverage (UHC) essential to improve health outcomes, particularly in rural and underserved areas. This session will explore strategies and best practices for strengthening community health systems in East, Central and Southern Africa, highlighting successes, challenges, and opportunities for improvement in maternal health, infectious diseases, health workforce development, and primary health care.

### **Session Objectives**

The session will aim to achieve the following objectives:

- Provide a platform for stakeholders to share knowledge, experiences, and best practices in strengthening community health systems.
- Identify specific regional health needs and priorities for community health systems strengthening.
- Foster partnerships and collaborations among stakeholders, including governments, NGOs, and community organizations.
- Showcase innovative solutions and technologies that can enhance community health service delivery.

### **Expected Outcomes**

- Documentation of successful strategies and interventions for strengthening community health systems in East, Central and Southern Africa.
- Establishment of partnerships and collaborations among stakeholders, including governments, NGOs, and community organizations.
- Showcase of innovative solutions and technologies that can enhance community health service delivery.
- Development of policy recommendations for governments and stakeholders to support community health systems strengthening.

By achieving these objectives and expected outcomes, the conference aims to contribute to strengthening community health systems in East, Central and Southern Africa and improving health outcomes for vulnerable populations.

## **TRACK 2: HEALTH SYSTEM RESILIENCE & SUSTAINABLE FINANCING**

### **Background**

The ECSA Region has in the recent past, experienced successive health emergencies, ranging from disease outbreaks and the health effects of climate change. Such shocks exert pressure on the inadequately resourced health systems, potentially leading to the reversal of the gains made on several fronts. This also poses the risk of derailing progress towards the achievement of health targets. The health systems have also been adversely affected by the changing health financing landscape, including the reductions in the external funding for health programmes. This has exacerbated the vulnerability of the health systems and their ability to sustain programme gains and progress towards the achievement of health targets.

Increased healthcare demands, coupled with the possible reductions in external funds call for a careful review and reprioritization of resources and the manner in which healthcare services might be delivered. Member States ought to focus on the achievement of better health outcomes with the increasingly overstretched resources.

### **Session Objectives**

- Understand how the changing health situation affects the resourcing and implementation of some health programmes
- Identify common challenges and approaches among Member States to improve health system resilience
- Gain insights from participants regarding the programme reorganization, towards improving resource use



### **Expected Outcomes**

- Better understanding of the common health system challenges in the fast-changing health environment of the ECSA region.
- Documentation of the various approaches and best practices adopted by Member States towards coping with the evolving health situation.
- Recommendations to Member States on possible actions to improve health system resilience and programme sustainability.

## **TRACK 3: DIGITAL HEALTH INNOVATIONS**

### **Background**

The East, Central and Southern Africa Health Community (ECSA-HC), established in 1974, brings together nine member states to harmonize health policy, strengthen technical capacity, and drive regional cooperation. ECSA-HC's leadership includes its coordination of the now-completed World Bank-supported Southern Africa Tuberculosis and Health Systems Support (SATBHSS) project, the ongoing Health Emergency Preparedness, Response, and Resilience (HEPRR) initiative, and several other regional programs hence enhancing disease surveillance and pandemic preparedness across the region. ECSA-HC has also advanced digital health through initiatives such as the Global Fund-supported Cross-Border Referral System (CBRS) for tuberculosis, which enables seamless, interoperable patient referrals. In 2025, ECSA-HC, in partnership with Touch Health Tanzania, launched a regional Memorandum of Understanding to pilot watotoCare (a postnatal digital follow-up platform) and POA (a data-driven health workforce planning tool) in Kenya. These digital innovations—among several others in ECSA-HC's expanding portfolio—reflect the organization's deep commitment to advancing equity, resilience, and integrated primary health care (PHC) systems.

### **Session Objectives**

- Highlight and Discuss Regional Digital Health Innovations: Present and examine practical digital health solutions that have enhanced PHC delivery and coordination in ECSA member states, focusing on implementation experiences and results.
- Identify Actionable Strategies for PHC Strengthening: Facilitate peer learning to define realistic approaches, enabling immediate improvements in PHC workforce efficiency, governance, and service delivery through digital tools.

### **Expected Outcomes**

- Documented Best Practices and Lessons Learned: A summary of digital health innovations, enablers, and challenges shared during the session, providing actionable insights for PHC improvement.
- Actionable Roadmap Developed: Clear, time-bound action steps and assigned responsibilities for scaling digital health innovations in PHC, validated by session participants.
- Priority Barriers and enablers identified: Consensus list of the main potential obstacles and success factors for digital PHC integration in the ECSA region, with proposed solutions documented for follow-up.

# SUBTHEME 2: DRIVING INNOVATION & RESILIENCE: LOCAL MANUFACTURING FOR HEALTH SECURITY

## Background

Across the East, Central and Southern Africa (ECSA) region, disruptions in global supply chains during outbreaks and pandemics expose critical gaps in local capacity to manufacture life-saving products such as personal protective equipment (PPE), diagnostics, medicines, and vaccines. Past experiences have reaffirmed that robust local manufacturing is not only a driver of economic development but also a core component of health security and system resilience.

This subtheme will explore the role of local manufacturing in enhancing preparedness and response capabilities. It will highlight policy frameworks, financing mechanisms, public-private partnerships, and regional integration efforts that support the growth of sustainable health product manufacturing across ECSA countries.

## Session Objectives

- To share innovative models and best practices in local production of health products from within and outside the region.
- To identify enabling policies, regulatory frameworks, and investments that can accelerate local manufacturing.

## Expected Outcomes

- A common understanding of priority actions to scale up local manufacturing for health security in the region.
- Strategic recommendations for integrating manufacturing into national and regional health resilience strategies.

## TRACK 1: STRENGTHENING LOCAL MANUFACTURING FOR SUSTAINABLE

### Background

The COVID-19 pandemic and concurrent global health emergencies have exposed Africa's over-reliance on external sources for critical health commodities including personal protective equipment (PPE), diagnostics, therapeutics, and vaccines. This dependency significantly hampered timely responses and weakened health security across the region. In response, there is an urgent need to catalyze local manufacturing of health products as a strategic pillar for strengthening health systems and ensuring regional self-reliance. The 15th Best Practice Forum of the East, Central and Southern Africa Health Community (ECSA-HC) presents an opportunity to reflect on progress, share innovations, and mobilize political will for advancing regional manufacturing capacity for health security. This subtheme contributes directly to the forum's overarching goal of Enhancing Health Systems for Equity, Resilience, and Sustainability. Despite regional efforts, manufacturing capacity remains fragmented and underfunded.

Key challenges include:

- Limited infrastructure and regulatory systems
- Weak research and development (R&D) investment
- Low access to financing and market entry barriers
- Inadequate skilled workforce and training platforms
- Lack of regional coordination and policy alignment
- Inconsistent quality assurance systems that undermine trust in local products

### **Session Objectives**

- Examine the current status, gaps, and opportunities in local manufacturing of essential health products within the ECSA region.
- Showcase successful models, policies, and innovations in pharmaceutical and medical products manufacturing across Africa and globally.
- Identify key enablers for regional collaboration, including regulatory harmonization, pooled procurement, and cross-border investment.
- Discuss policy reforms needed to promote technology transfer, research & development, and skilled workforce development.

### **Expected Outcomes**

- Co-create a set of actionable recommendations to inform national and regional policies, foster regional collaboration, and unlock investments for local manufacturing. A shared understanding of the challenges and opportunities for scaling local production of essential health products.
- Shared understanding of the role of local manufacturing in strengthening resilient health systems and achieving equitable access to health technologies.
- A regional roadmap or policy direction for enhancing pharmaceutical and health commodity manufacturing.
- Identification of priority areas for technical support, investment, and capacity building for regional implementation.

## **TRACK 2: RESEARCH, INNOVATION AND TECHNOLOGY FOR RESILIENT HEALTH SYSTEMS**

### **Background**

The East Centra and Southern African Countries Health Community (ECSA HC) continue to face significant burden of diseases, both communicable and noncommunicable. On the other hand, a growing body of evidence highlight the accelerating pace in which innovations are being developed, tested and deployed to improve these health challenges, from from prevention and diagnosis to treatment and rehabilitations. They have also been crucial in systems strengthening, research, service delivery and hence enhance population health outcomes. While the uptake and scale-up of these innovations and technology can be challenged by system-level barriers, their potential impact remains substantial. Sustainable impact will happen particularly when these innovations and technology are aligned with national priorities, inclusive of vulnerable groups and backed by strong implementation strategies. ECSA HC is committed to championing research, innovation and technology by identifying promising interventions, understanding implementation challenges and developing a regional framework to support countries in adopting and scaling those solutions effectively and sustainably. This is in line with the ongoing efforts by the World Health Organizations (WHO) in developing a global research agenda that highlight implementation of evidence based interventions as an impactful and cost effective approach, especially in the resource limited settings. This Best Practices Forum offers a platform to showcase successful innovations and promote cross-country learning.

**Session Objectives**

- To map and document health innovations and technologies implemented in ECSA countries, particularly those with potential for scale and regional relevance.
- To assess key enablers and barriers to the adoption, integration, and sustainability of health innovations and technology at the national and regional levels.
- To explore how innovations are addressing the needs of priority populations—including adolescents, youth, and persons with disabilities, and broader health agendas.
- To inform the development of a regional framework that supports the scaling of best practices and technologies in health, aligned with country contexts and resource realities.

**Expected Outcomes**

- Increased awareness among researchers, policymakers and stakeholders of what works, for who and under what conditions
- A shared understanding of common challenges and success factors in innovation uptake and potential solutions for regional impact
- Recommendations for a regional implementation and scale-up framework, co-created with stakeholders during the BPF to guide future efforts in innovation diffusion and sustainability

# SUBTHEME 3: ENHANCING GOVERNANCE, LEADERSHIP & HUMAN RESOURCES FOR HEALTH

## Background

Strong governance, capable leadership, and an efficient health workforce are the cornerstones of resilient and responsive health systems. In the ECSA region, health systems continue to grapple with leadership capacity gaps, weak institutional governance, and chronic shortages of trained health workers—challenges that hinder the delivery of quality health services and progress toward Universal Health Coverage (UHC). The emerging and re-emerging public health threats have further revealed the fragility of human resources for health (HRH), where overstretched, under-resourced, and often demotivated health workers continuously face overwhelming demands.

Effective governance enables transparency, equity, and accountability, while visionary leadership drives reform and fosters innovation. A skilled, well-distributed, and motivated health workforce ensures quality service delivery, community trust, and health security. Recognizing this, countries in the ECSA region are increasingly prioritizing investments in health workforce planning, leadership development, and governance strengthening. This session provides a platform to share successful models, discuss policy options, and accelerate collaborative solutions for building competent leadership, robust governance structures, and sustainable HRH development.

## Session Objectives

- Assess challenges and opportunities in health leadership, governance, and workforce capacity in the ECSA region.
- Showcase best practices and innovations in health workforce development and leadership training.
- Promote strategic investments in governance structures that support accountability and performance.
- Explore multisectoral partnerships to strengthen HRH planning, retention, and motivation.

## Expected Outcomes

- Actionable recommendations for improving leadership and governance at national and regional levels.
- Shared successful models for HRH training, deployment, and retention.
- Strengthened collaboration on regional HRH strategies and leadership development.
- Enhanced commitment to governance reforms and sustainable HRH financing.

## TRACK 1: WORKFORCE DEVELOPMENT, RETENTION & MOTIVATION

### Background

East, Central, and Southern Africa (ECSA) faces a critical shortage and uneven distribution of skilled health workers. According to the WHO Global Health Observatory, the region has an average of 2.2 doctors and nurses per 1,000 people, far below the minimum threshold of 4.45/1,000 needed to achieve Universal Health Coverage (UHC) (WHO, 2016). This workforce deficit is compounded by high attrition, limited training capacity, and inequitable rural-urban deployment, resulting in weakened health systems, poor service delivery, and low preparedness for health emergencies, including pandemics.



The health workforce in the ECSA region faces significant challenges, with most countries reporting health worker densities below 3 per 1,000 people. Rural areas, which house over 50% of the population, are particularly underserved, with less than 30% of health workers deployed there. Training capacity remains limited due to a shortage of medical and nursing schools and, in some cases, outdated curricula. The region experiences high attrition rates driven by migration, burnout, and poor working conditions. Motivation among health workers is generally low, affected by inadequate pay, poor infrastructure, and lack of recognition. ECSA-HC provides a platform for countries to convene, collaborate, and harmonize policies on health workforce development.

### **Session Objectives**

- Discuss, identify and prioritize critical health workforce gaps to inform country-level and regional strategies for targeted recruitment, deployment, and equitable resource allocation.
- Discuss and share experiences on both financial and non-financial incentive models currently being implemented across countries.
- Discuss the adequacy of training institutions, the relevance of curricula to local health system demands, and the availability of faculty and training infrastructure.
- Explore strategies to reduce health worker attrition and migration in the ECSA-HC Region
- Discuss regional collaboration and resource sharing including mechanisms for the mutual recognition of qualifications, shared professional accreditation standards, and inter-country staff exchanges.

### **Expected Outcomes**

- Defined list of critical health workforce gaps across countries in the ECSA region, categorized by cadre, geography, and level of care.
- Identification of best practices and lessons learned, enabling countries to adapt and refine incentive models based on shared regional experiences
- Propose actionable strategies to mitigate health workforce attrition

## **TRACK 2: LEADERSHIP, GOVERNANCE & PARTNERSHIPS**

### **Background**

Strong leadership, effective governance, and sustainable partnerships are essential pillars for building resilient health systems and achieving Universal Health Coverage (UHC). Recognizing this, the World Health Organization identifies leadership and governance as a foundational building block of health systems. These elements are crucial in coordinating reforms, ensuring accountability, and promoting inclusive, transparent, and efficient healthcare delivery. Robust leadership drives evidence-based decision-making, while sound governance ensures systems are equitable and sustainable. Partnerships—spanning government, private sector, and civil society—further enable resource mobilization, knowledge sharing, and collaborative solutions to health challenges.

Despite investments in service delivery, many countries continue to experience suboptimal health outcomes, often due to weak leadership, fragmented governance, and uncoordinated partnerships. The East, Central, and Southern Africa Health Community (ECSA-HC) recognizes that without strong leadership, even well-resourced systems may falter. Therefore, the 15th ECSA-HC Best Practices Forum offers a timely platform to explore innovative approaches for strengthening leadership and governance, fostering effective multisectoral partnerships, and driving health transformation. This track will support regional efforts to build resilient, inclusive systems that can better respond to pandemics, climate threats, and evolving health demands.

### **Session Objectives**

- Examine and share innovative approaches and frameworks that strengthen leadership and governance in health systems across the ECSA region.
- Facilitate dialogue on strategies for building effective multisectoral partnerships to enhance coordination, resource mobilization, and accountability.
- Promote peer learning through presentation of case studies and best practices in country-led health reforms and partnership initiatives.
- To generate actionable recommendations for integrating leadership development, governance strengthening, and partnership building into national health strategies.

### **Expected Outcomes**

- Improved understanding of best practices and frameworks in leadership, governance, and partnerships
- Identification of scalable innovations and models adaptable to diverse country contexts
- Strengthened networks and peer-learning opportunities across countries
- Clear recommendations to inform regional policy actions and national health sector reforms
- Documentation of lessons learned and successful partnership models for broader dissemination

## **TRACK 3: GENDER, EQUITY & INCLUSION**

### **Background**

ECSA-HC is committed to strengthening the equity and responsiveness of health systems in line with the African Union's Africa Health Strategy (2016–2030), Agenda 2063, and Sustainable Development Goals (SDGs) 3 and 5. Despite global and regional commitments, persistent gender and equity gaps including limited access to care, underrepresentation in leadership, and unequal health outcomes continue to undermine the effectiveness and resilience of health systems across Africa. This session addresses the urgent need to integrate Gender, Equity, and Inclusion principles into health governance, policy-making, and workforce development. By providing a platform to showcase best practices and country experiences, the session aims to foster regional learning and accountability for inclusive health systems. Participants will explore how GEI can be mainstreamed into national health policies, strategic planning, and institutional capacity development. Emphasis will be placed on equity-centered governance as a driver of sustainable, fair, and resilient health systems across the East, Central, and Southern Africa region.

### **Session Objectives**

- Facilitate dialogue among stakeholders on practical approaches to integrating Gender, Equity, and Inclusion into health governance and leadership structures.
- Showcase and discuss effective tools and strategies used by countries and institutions to address gender and other health inequities.
- Strengthen participants' awareness and institutional capacity to apply Gender, Equity, and Inclusion principles across policy, planning, and human resources for health (HRH) functions.

### **Expected Outcomes**

- Enhanced knowledge and shared understanding of Gender, Equity, and Inclusion integration in health systems governance and workforce development.
- Compilation of successful practices and innovations from participating countries and organizations for wider dissemination.
- Increased commitment and readiness among participants to apply Gender, Equity, and Inclusion-responsive approaches in their respective institutions.
- Session recommendations or action points to guide policy, capacity building, and programming efforts at national and regional levels.

# SUBTHEME 4: TACKLING NON-COMMUNICABLE DISEASES (NCDs) WITH A FOCUS ON PREVENTION AND MANAGEMENT

## Background

NCDs are a growing public health challenge in the ECSA-HC region. NCDs, including cardiovascular diseases, diabetes, cancer, and chronic respiratory illnesses, are now among the leading causes of death and disability in the member states. These diseases have reached an epidemic proportion, yet they could be significantly reduced, with millions of lives saved and untold suffering avoided, through reduction of their risk factors, early detection, and timely treatments. Poor diet (undernutrition, overnutrition and unhealthy diets) is one of the modifiable risk factors driving burden of NCDs.

ECSA-HC countries are experiencing a double burden of malnutrition; undernutrition persists while overweight, obesity, and diet-related NCDs are on the rise. Despite this, health and nutrition programmes often operate in silos, limiting the effectiveness of prevention strategies. Strengthening the integration of nutrition into health programmes is essential to address the root causes of NCDs, improve population health, and build more resilient systems.

## Session Objectives

- Share best practices and country experiences in addressing the double burden of malnutrition and NCDs.
- Highlight the link between poor diet and the growing burden of NCDs in the region.
- Explore integrated models that combine nutrition and health services for NCD prevention and management.
- Identify gaps, challenges, and opportunities for strengthening policy, programming, and intersectoral collaboration.

## Expected Outcomes

- Documented best practices and innovations from member states in integrating nutrition into NCD strategies.
- Improved understanding of the relationship between nutrition and NCDs, and the need for integrated prevention approaches.
- Identified gaps and actionable recommendations to enhance policy coherence and multisectoral collaboration.

## TRACK 1: HEALTH PROMOTION APPROACHES FOR NCDs

### Background

NCDs can mostly be prevented by making healthy lifestyle choices. Therefore, health promotion serves as an essential mechanism for alleviating the effects of these diseases. Important strategies that can share information to encourage healthy habits, creating supportive environments in places like schools, communities and workplaces and introducing laws such as sin taxes on unhealthy products are very crucial if we are to prevent NCDs. Working with communities helps make these efforts more relevant and long-lasting, while promoting health at every stage of life from childhood to old age, adds long-term benefits. However, there are still challenges, such as unequal access to health services, the influence of companies selling unhealthy products, and not enough funding. For health promotion to work well, it needs to involve many sectors and have strong political and community support.

### **Session Objectives**

- Promote NCDs awareness through lifestyle modifications and behavior change.
- Integrate health promotion initiatives into community settings such as schools, workplaces, and healthcare facilities.
- Advocate for and support policy interventions including sin taxes on harmful products (e.g., tobacco, alcohol, sugary drinks) and urban planning that promotes healthy life styles.
- Identify and address barriers to health promotion, such as limited funding, political will and commercial influences.
- Strengthen multi-sectoral collaboration in order to ensure sustainable implementation of health promotion programs.

### **Expected Outcomes**

- Increased public knowledge about NCD risk factors and prevention methods that will lead to motivation and improved attitudes among individuals to adopt healthier lifestyles.
- Adoption and implementation of policies such as sin taxes on unhealthy diets, along with improved urban infrastructure that promotes physical activities.
- Adoption of healthy practices in the communities and institutionalization of health-promoting policies and programs.
- Increased resource availability to improve access to preventive services and strengthening the capacity to sustain long-term behavior change.
- Increased support to sustain implementation of NCD prevention programs.

## **TRACK 2: BRIDGING THE GAP BETWEEN HEALTH AND NUTRITION IN PREVENTING AND MANAGING NCDs**

### **Background**

NCDs are a growing public health challenge in the ECSA-HC region. NCDs, including cardiovascular diseases, diabetes, cancer, and chronic respiratory illnesses, are now among the leading causes of death and disability in the member states. These diseases have reached an epidemic proportion, yet they could be significantly reduced, with millions of lives saved and untold suffering avoided, through reduction of their risk factors, early detection, and timely treatments. Poor diet (undernutrition, overnutrition and unhealthy diets) is one of the modifiable risk factors driving burden of NCDs.

ECSA-HC countries are experiencing a double burden of malnutrition; undernutrition persists while overweight, obesity, and diet-related NCDs are on the rise. Despite this, health and nutrition programmes often operate in silos, limiting the effectiveness of prevention strategies. Strengthening the integration of nutrition into health programmes is essential to address the root causes of NCDs, improve population health, and build more resilient systems.

### **Session Objectives**

- Share best practices and country experiences in addressing the double burden of malnutrition and NCDs.
- Highlight the link between poor diet and the growing burden of NCDs in the region.
- Explore integrated models that combine nutrition and health services for NCD prevention and management.
- Identify gaps, challenges, and opportunities for strengthening policy, programming, and intersectoral collaboration.

### **Expected Outcomes**

- Documented best practices and innovations from member states in integrating nutrition into NCD strategies.
- Improved understanding of the relationship between nutrition and NCDs, and the need for integrated prevention approaches.
- Identified gaps and actionable recommendations to enhance policy coherence and multisectoral collaboration.

## TRACK 3: INNOVATION IN NEUROLOGICAL DISORDERS MANAGEMENT

### Background

The Lancet Commission on Disability and Health was recently launched during the 78th World Health Assembly in May 2025, under the banner “No Health without Inclusion”. It called for transformation of health systems to be more inclusive, equitable, and responsive to the needs of people with disabilities, and framing disability not just as a medical issue but as a matter of social justice and human rights. Neurological disorders are the leading cause of disability and the second leading cause of death globally. Over the past three decades, the absolute numbers of both deaths and disability-adjusted life years (DALYs) due to neurological conditions, particularly in low- and middle income countries (LMIC) have increased dramatically. Despite advances in prevention and treatment, demographic changes such as population growth and aging have outpaced progress, leading to a rising number of people affected by conditions like stroke, dementia, epilepsy, and chronic headaches. Therefore, urgent, evidence-informed policy action is needed to integrate neurological health into universal health coverage (UHC) plans, with a focus on cost-effective and scalable solutions. ECSA – HC emphasizes the need to strengthen rehabilitation services, especially in low-resource settings, advocacy for integrating rehabilitation into primary healthcare systems to support people living with chronic neurological conditions such as stroke and epilepsy, as well as policies that prioritize community-based rehabilitation and assistive technologies.

### Session Objectives

- To explore the use of systems thinking in assessing and strengthening health system readiness for early detection and management of neurological and developmental disorders in resource-limited settings.
- To examine models of integrated care and workforce development, that can inform scalable strategies for disability and neurological disorder management.
- To highlight the role of caregivers and community engagement in improving access, early detection, and continuity of care of people with neurological conditions.
- To identify cross-cutting lessons for informing inclusive, equitable, and sustainable approaches to disability care within Universal Health Coverage (UHC) goals.

### Expected Outcomes

- Knowledge on how systems thinking can be used to assess and strengthen health system readiness for early detection and management of neurological and developmental disorders in resource-limited settings.
- Understand models of integrated care and community-based workforce development and context-relevant strategies that are effective and scalable in the region for neurological and disability care.
- Acknowledge the role of community engagement as an essential component in improving access to services, early diagnosis, and continuity of care for individuals with neurological conditions.
- Cross-cutting lessons will be identified to guide the development of inclusive, equitable, and sustainable approaches to disability and neurological care within Universal Health Coverage (UHC) frameworks.

# POSTER PRESENTATIONS



# POSTER PRESENTATIONS

Sub-theme	Abstract Title and Presenting Author
Achieving Universal Health Coverage through Strengthened PHC Systems	<ul style="list-style-type: none"><li>Baseline Assessment of TB Data Quality Using Aggregate and Sampled Patient-Level Records: Findings from a Laboratory-Clinical Interface Initiative in Kenya: <b>Jeremiah Okari Ogoro</b></li><li>Community-Led Health Promotion and Risk Factor Screening: A Sustainable Approach to Non-Communicable Disease Prevention in Eswatini: <b>Nokuthula Mndzebele</b></li><li>Empowering the marginalized communities in health care: Participatory action research study: <b>Sinethemba Nyandeni</b></li><li>Preferred Mode of Delivery and Its Associated Factors Among Pregnant Women at Dodoma and Iringa Regional Referral Hospitals in Tanzania: <b>Pilly Ndobeji</b></li><li>Transforming HIV Prevention: The Success of an HIV Program in Reducing New Infections Among Pregnant Women in Eswatini: <b>Mbuso Siwela</b></li><li>When Phones Ring and Community Health Workers Knock: An Integrated Approach to Hypertension Management in Rural Tanzania: <b>Anderson Bendera</b></li></ul>
Driving Innovation & Resilience: Local Manufacturing for Health Security	<ul style="list-style-type: none"><li>Barriers and Facilitators to the Implementation of Integrated Disease Surveillance and Response (IDSR) in Africa: A Systematic Review Using the Consolidated Framework for Implementation Research (CFIR): <b>Dzinkambani Kambalame</b></li><li>Digitization of Antimicrobial Stewardship in a rural County hospital: A Case of Makueni County Referral Hospital: <b>Gavin Orangi</b></li><li>Improvement of Antimicrobial Resistance Diagnostics: Evidence from Implementation Monitoring project in Four Hospitals in Kenya: <b>Sheilla Jepkemboi Chebore</b></li><li>Leveraging Digital Health Dashboards for Real-Time Decision-Making: D-Tree's Experience Advancing Health Systems and Universal Coverage: <b>George Semiono</b></li><li>Overuse of watch antibiotic at PHV level in Sudan: <b>Rayan Hayder</b></li><li>Strengthening Antimicrobial Stewardship in Ethiopia: A Three-Phase National Strategy for Educational Integration to Combat Antimicrobial Resistance: <b>Edessa Diriba Chemedda</b></li><li>Strengthening Health Systems for Antimicrobial Stewardship: Insights from a Point Prevalence Survey in two Kenyan Referral Hospitals: <b>Evelyn Wesangula</b></li><li>The Financial-Quality Nexus in Primary Healthcare: A Statistical Inquiry Using Non-Parametric Spearman's Rank Correlation in Tanzania: <b>Syabo M. Mwaisengela</b></li></ul>



<b>Enhancing Governance, Leadership &amp; Human Resources for Health</b>	<ul style="list-style-type: none"> <li>• A Case Study on Knowledge, Attitudes, and Practices of Sepsis Diagnosis, Stratification, and Management Among Master of Science Emergency and Trauma Students in Zambia: <b>Martha Mbewe</b></li> <li>• Examining the Cost of Training a Kenya Registered Nurse–Midwife at the Kenya Medical Training College: <b>Daniel Kipchumba Kurui</b></li> <li>• Sustaining Hand Hygiene Practices Among Nurses Post COVID–19 Era: A Cross–Sectional Study in Regional Referral Hospitals of Dar es Salaam, Tanzania: <b>Edith Lutainulwa</b></li> <li>• The Antimicrobial Resistance Ambassadors Program for Young People in Africa: A Case of Impactful Ecosystem Collaboration for Public Health: <b>Gathai Mundia</b></li> <li>• Remote Stewardship, Systemic Impact: Strengthening Health Workforce and Information Systems for Antimicrobial Stewardship in Kenya: <b>Hannington Mahanga Amadi</b></li> </ul>
<b>Tackling Non–Communicable Diseases (NCDs)</b>	<ul style="list-style-type: none"> <li>• Assessing Factors Associated with Disease Control Among Hypertensive, Diabetic, and Asthmatic Patients in Rural Malawi: Evidence from Integrated Chronic Care Clinics in Neno: <b>Victor Mithi</b></li> <li>• Improving TBI Emergency Care in Tanzania: GCS–Based Predictions and Early Outcomes at a Tertiary Hospital: <b>Mussa John Masunga</b></li> <li>• Knowledge Gaps in Type 2 Diabetes Among Patients in Mvomero District Primary Healthcare: Implications for Prevention Strategies: <b>Godfrey Kacholi</b></li> <li>• Prevalence of Acute Kidney Injury and Nephrotoxic Drug Exposure in Premature and Low Birth Weight Neonates Admitted to Intensive Care Units at Muhimbili National Hospital, Dar es Salaam: <b>Helfrid B. Ilomo</b></li> <li>• Sedation in Burns Management; A Best Practice at Moi Teaching and Referral Hospital, Eldoret, Kenya: <b>Boit C Lydia</b></li> <li>• Strengthening Cancer Control in Eswatini: A Sustainable Model for Cervical Cancer Screening and Management: <b>Bandzile Senzo Mthethwa</b></li> <li>• Strengthening Capacity of Adolescents and Young People Living With HIV In Community–Led Monitoring for Improved Access and Utilization of Quality HIV, SRHR and GBV Services in Kigoma Region: <b>George lazaro mwankina</b></li> <li>• Trends and Gaps in Hypertension Management Among Adults Attending Mbeya Zonal Referral Hospital: A Retrospective Review from 2021 to 2024: <b>Shani kondo Omari</b></li> </ul>

# MEET OUR SPONSORS & PARTNERS



is a global health charity transforming children's surgery in low- and middle-income countries with more than 100 child-friendly operating rooms installed across 40 countries. 67 of these facilities will have been installed in the ECSA region alone by the end of 2025. Globally, these operating rooms will create capacity for more than 200,000 life-changing operations every year. Through surgical training, innovative technology, and government advocacy, we're ensuring every child has access to safe surgery. Learn more at [www.KidsOR.org](http://www.KidsOR.org).

ReAct Africa is a regional hub of the global ReAct network, uniting experts and stakeholders across sectors to combat antimicrobial resistance (AMR). We support the development and implementation of National Action Plans through technical assistance and strategic coordination. Embracing a One Health approach, ReAct Africa drives awareness and advocacy efforts across human health, veterinary, agricultural, and environmental sectors. Our mission is to promote sustainable, context-specific solution



is a health tech company that uses deep learning and Artificial Intelligence (AI) to make healthcare more accessible and equitable for patients worldwide. Our solutions power the efficient identification and management of Tuberculosis (TB), Lung Cancer and Stroke to

support to support clinicians and propel developments in the pharmaceutical and medical device industries. We empower healthcare by helping to identify conditions fast, prioritize treatment planning and ultimately improve quality of patient life.



INTERNATIONAL  
CENTRE FOR  
ANTIMICROBIAL  
RESISTANCE  
SOLUTIONS

The International Centre for Antimicrobial Resistance Solutions (ICARS) is an independent, mission-driven organization that works to support low- and middle-income countries (LMICs) in developing and implementing context-specific, evidence-based solutions to mitigate antimicrobial resistance (AMR). Established in 2018 and based in Denmark, ICARS collaborates with national governments, research institutions, and stakeholders across human, animal, and environmental health sectors to co-create interventions that are sustainable, scalable, and aligned with national action plans. ICARS contributes to strengthening health systems, advancing the One Health agenda, and reducing the global burden of drug-resistant infections.

The Health Emergency Preparedness, Response and Resilience (HEPRR) Program is a program funded by the World Bank being implemented through a Multiphase Programmatic Approach (MPA) to address recurring and interlinked health emergencies—including infectious disease outbreaks, non-communicable diseases, and environmental and political shocks—that strain public health systems and threaten regional resilience. The program emphasizes surveillance, workforce development, governance, emergency financing, and One Health integration, aiming to strengthen detection, response, and continuity of services while fostering multisectoral governance and long-term sustainability (systems resilience). This transformative, system-wide health emergencies response and resilience programs is being implemented in Ethiopia, Kenya, Sao Tome and Principe, Burundi, Rwanda, DRC, Malawi, and Zambia (and others in progress of joining). ECSA-HC and IGAD are regional implementing agencies working with other partners.



THE WORLD BANK



PEACE, PROSPERITY AND  
REGIONAL INTEGRATION



RCSI



AUDA-NEPAD  
AFRICAN UNION DEVELOPMENT AGENCY



AfricaCDC  
Centres for Disease Control  
and Prevention



SmileTrain  
Changing the World One Smile at a Time

Operation Smile



UNIVERSITY  
of York

INTUITIVE  
Foundation™



## Contact Us :

-  +255 272549362/5/6
-  <https://ecsahc.org>
-  [regsec@ecsahc.org](mailto:regsec@ecsahc.org)
-  Plot 157, Olorien, Njiro road  
P.O.Box 1009, Arusha-Tanzania