



76th ECSA-HC

Health Ministers Conference



THEME:

Enhancing Health
Systems for Equity,
Resilience And
Sustainability

3rd to 5th
February 2026 |
Eswatini

PROGRAM



About Kingdom of Eswatini

The Kingdom of Eswatini, is a small, landlocked kingdom in Southern Africa bordered by South Africa to the west and Mozambique to the east. With a population of approximately 1.2 million people, Eswatini is known for its rich cultural heritage, peaceful society, and strong traditional governance led by the monarchy.



The country blends modern state institutions with longstanding cultural practices, creating a unique governance system that integrates both tradition and contemporary law. Eswatini's landscape ranges from the mountainous Highveld to the subtropical Lowveld, making it one of Africa's most scenic nations.

Eswatini's economy includes agriculture, manufacturing, mining, and services. Sugar is still a major export, along with citrus crops, textiles, forestry, and soft drink concentrates. The country benefits from its strategic location, integrated markets, and SACU infrastructure. Cultural festivals like the Umhlanga (Reed Dance) and Incwala Ceremony, game reserves, and Mlilwane and Hlane Royal National Parks are driving tourism in Eswatini. Eswatini spends heavily in health and well-being. Regional hospitals, clinics, public health units, and community-based services make up the Ministry of Health's health system. The Mbabane Government Hospital, Raleigh Fitkin Memorial Hospital, and several speciality centres are notable. The country is expanding its infrastructure, manpower, and service delivery capacity for steeply subsidised public healthcare. Mission hospitals and the private sector complement each other.

Eswatini has made major strides in addressing communicable diseases, particularly HIV/AIDS. Once having one of the highest HIV prevalence rates globally, the country has achieved remarkable progress through widespread antiretroviral therapy (ART), Prevention of Mother-to-Child Transmission (PMTCT) programs, and robust community engagement. HIV incidence and AIDS-related mortality have both significantly declined, demonstrating strong health system resilience and international collaboration. Tuberculosis control has also improved through integrated HIV-TB strategies.

As in other countries in the region, Eswatini has a rising rate of non-communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular disease, and cancer. Lifestyle changes, diet risks, and urbanisation cause these tendencies. Depression, substance use, and youth psychosocial disorders are becoming national priorities, but resources are scarce and stigmatised. The country is vulnerable to developing infectious illnesses, natural disasters, and climate change, emphasising the need for better planning and response. In recent years, Eswatini has made significant health system changes. These include expanding NCD screening programs, community health workers in primary care, and emergency medical services. Electronic logistics management and patient information systems are being implemented to improve efficiency and data-driven decision-making. Eswatini coordinated rapid testing expansion, risk communication, and vaccination deployment during the COVID-19 pandemic. Universal health coverage (UHC), climate-resilient health infrastructure, workforce training, and maternal, neonatal, and adolescent health care are important priorities.

To accelerate health sector transformation and offer equitable, high-quality treatment, Eswatini works with regional bodies like ECSA-HC, SADC, WHO AFRO, and development partners.





Message from the Guest of Honour His Excellency, the Right Honourable Prime Minister

Distinguished Delegates, Excellencies,

Ladies and Gentlemen,

It is a great honour and privilege for me to join you as Guest of Honour at the 76th Health Ministers Conference of the East, Central and Southern Africa Health Community (ECSA-HC). I am delighted to welcome you all to the Kingdom of Eswatini and to extend warm greetings on behalf of His Majesty's Government and the people of Eswatini.

Your presence here today underscores our shared commitment to advancing health and well-being across the East, Central and Southern Africa region. This Conference, as the highest governing body of ECSA-HC, provides an invaluable platform for collective reflection, dialogue, and decisive action on issues that define the health and development trajectory of our countries.

The theme of this Conference, “Enhancing Health Systems for Equity, Resilience, and Sustainability,” is both timely and compelling. It calls upon us to confront persistent and emerging health challenges with renewed resolve, while ensuring that no one is left behind. Although we have registered notable progress in improving health outcomes across the region, we are all aware that significant gaps remain, exacerbated by pandemics, climate shocks, demographic pressures, and constrained financing.

As leaders and policymakers, we must continue to prioritize the strengthening of resilient health systems that can effectively respond to emergencies, improve maternal, newborn, child and adolescent health, address the growing burden of non-communicable diseases alongside communicable diseases, and accelerate progress towards universal health coverage. Central to this effort is sustained investment in our health workforce, robust primary health care systems, reliable health information systems, and local manufacturing capacity for medicines, vaccines, and diagnostics.

Equally important is the need to explore innovative and sustainable financing mechanisms, foster regional collaboration, and harness digital and technological solutions to improve efficiency, accountability, and impact. Our shared experiences remind us that regional cooperation is not a choice, but a necessity.



This Conference offers an opportunity to exchange best practices, learn from one another, and reinforce solidarity, recognizing that our countries face similar challenges and can benefit greatly from shared solutions.

I wish to commend the ECSA-HC Secretariat and the Ministry of Health of the Kingdom of Eswatini for their leadership and dedication in convening this important Conference. Your efforts continue to strengthen regional cooperation and advance our collective health agenda.

Ladies and Gentlemen, I encourage you to engage openly, think boldly, and act decisively as you deliberate over the coming days. I am confident that your discussions will yield practical and forward-looking resolutions that will improve the health and well-being of our people.

I wish you a fruitful Conference and productive deliberations.

I thank you.

His Excellency **Russell Mmiso Dlamini**
The Right Honourable Prime Minister, Kingdom of Eswatini





Welcome Note by the Chairperson of the ECSA - HC Health Ministers Conference

It is my great honour and privilege to welcome you all to the 76th Health Ministers Conference of the East, Central and Southern Africa Health Community (ECSA-HC), here in the beautiful Kingdom of Eswatini. This important gathering brings together Honourable Ministers of Health, senior government officials, regional and global partners, technical experts, and distinguished delegates who share a common commitment: to advance the health and well-being of the millions of people we collectively serve across our region.

Allow me to extend my sincere appreciation to the Government of the Kingdom of Eswatini for graciously hosting us, and to the Honourable Minister of Health for his unwavering support and warm hospitality. I also acknowledge and thank all delegates who have travelled from across Africa and beyond, whose presence reflects their dedication to regional cooperation and collective action.

This Health Ministers Conference is centred on a theme that is highly pertinent to contemporary issues, particularly considering ongoing challenges related to climate change, health emergencies, demographic shifts, and evolving global political and economic landscapes. In the forthcoming three days, Ministers will:

- ▶ Review technical proposals from Best Practices Forum and Directors Joint Consultative Committee.
- ▶ Review regional policies and resolutions for Member State collective action.
- ▶ Improve collaboration on shared priorities, such as workforce development, digital transformation, health funding, climate resilience, and pandemic preparedness.
- ▶ Enhance partnerships with continental organisations, development partners, and implementing agencies.

This conference is ECSA-HC's main governing platform, translating evidence, conversation, and innovation into regional commitments that change policy, systems, and health outcomes.

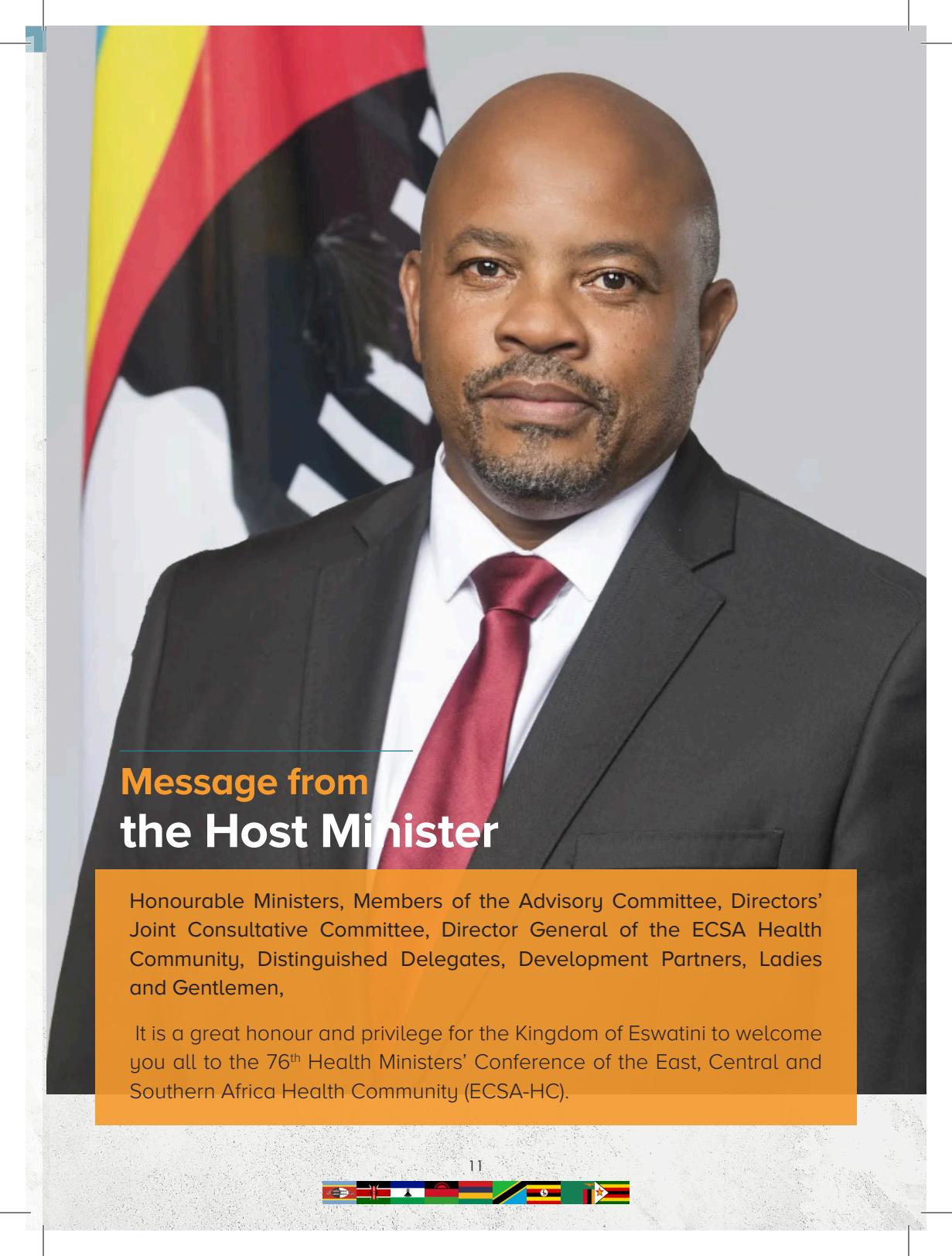
I encourage all participants to fully engage in discussions, offer insights, and form new partnerships. Our community's strength comes from mutual learning, resilience during crises, and the mobilization of shared skills to confront problems no nation can manage alone.

At the start of the 76th Health Ministers Conference, we must confirm our vision: a robust, egalitarian, and people-centered regional health system that is inclusive and ready for future challenges and possibilities.

The ECSA-HC Secretariat welcomes Eswatini conference participants and wishes them a successful conference.

Hon. Madalitso Balozi (MP),
Minister of Health and Sanitation, Republic of Malawi





Message from the Host Minister

Honourable Ministers, Members of the Advisory Committee, Directors' Joint Consultative Committee, Director General of the ECSA Health Community, Distinguished Delegates, Development Partners, Ladies and Gentlemen,

It is a great honour and privilege for the Kingdom of Eswatini to welcome you all to the 76th Health Ministers' Conference of the East, Central and Southern Africa Health Community (ECSA-HC).

We are deeply pleased to host this esteemed gathering, which brings together the region's foremost health leaders, technical experts, policymakers, and partners committed to strengthening health outcomes for our people.

This year's theme, "Enhancing Health Systems for Equity, Resilience, and Sustainability," speaks profoundly to our shared aspirations and to Eswatini's own national priorities. As a region, we continue to confront interlinked challenges, from rising non-communicable diseases and persistent communicable threats to climate change, economic pressures, and global health emergencies. These realities underscore the necessity of building health systems that are both people-centred and shock-responsive.

Eswatini has embarked on several initiatives to strengthen our health sector: expanding primary healthcare, improving emergency preparedness, investing in health workforce development, and embracing digital health innovations. Yet, we fully recognize that no country can tackle the health challenges of today and tomorrow alone. Regional solidarity, coordinated action, and evidence-based solutions remain our strongest tools for progress.

The Health Ministers' Conference provides an invaluable platform to:

- ▶ Review regional achievements and persisting gaps
- ▶ Endorse practical, scalable policy recommendations
- ▶ Harmonize approaches to pandemic preparedness and climate-related health risks
- ▶ Strengthen partnerships across governments, regional bodies, and development agencies

I encourage all delegates to engage actively over the coming days, exchange your knowledge, challenge one another constructively, and forge new collaborations that will accelerate implementation in our respective countries.

On behalf of the Government and the people of the Kingdom of Eswatini, I extend our warmest hospitality to each of you. May your stay be meaningful, productive, and memorable. I thank ECSA-HC for its unwavering leadership in fostering regional cooperation and advancing health development across our Member States.

Once again, welcome to Eswatini, and I wish you all a fruitful and impactful 76th Health Ministers' Conference.

Hon. Mduduzi Matsebula (MP)
Minister of Health, Kingdom of Eswatini



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, Eswatini, Tanzania, Uganda, Zambia and Zimbabwe.

Recognising 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 policy, and aligns ECSA-Management Board to Oversees 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), African Union (AU) and the Southern African Development Community (SADC); international donors like the Global Fund, World Bank, AUDA NEPAD, 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 Health Ministers Conference (HMC)

The ECSA HMC is the highest governing and policy-making body of the ECSA-HC. It is the supreme forum where Ministers of Health from the

nine Members of the ECSA-HC convene to set regional health policies and priorities. The HMC convenes annually, hosted on a rotational basis by ECSA Member States. The participants encompass Ministers of Health from ECSA Member States, senior government officials, technical experts, and representatives of regional and international organizations, including WHO, Africa CDC, AUDA-NEPAD, WAHO, the Global Fund, and the World Bank. Additionally, development partners, members of academia, civil society, and private sector stakeholders in health are represented.

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

Objectives of the HMC



Submit, for member state approval, recommendations and international conventions aligned with the Community's objectives, and review member states' reports on their implementation (HMC)



Monitor and assess progress in implementing resolutions from previous HMC meetings.



Endorse collective initiatives to strengthen health systems across the region.



Define and adopt strategic priorities and thematic agenda for each conference and approve action plans to guide the work of both the Secretariat and member states.

Dr. Ntuli A. Kapologwe

Director General, ECSA - HC

Pre-conference meetings

30 th to 31 st January, 2026	Regional Youth Summit on Sexual and Reproductive Health and Demographic Dividend
31st January 2026	Walkathon under the theme “ Walk for better health “
1 st February 2026	Extra-ordinary Advisory Committee meeting
2 nd February 2026	Meeting for Senior Health Officials and Permanent Secretaries from Member states on Value for money value for health:Optimizing investments in Health Systems
2 nd February 2026	Meeting on Antimicrobial Resistance

Day 1

Meeting Program For The 76th Health Ministers Conference

Tuesday, 03 February 2026

08:00 – 09:00	Registration
09:00 – 10:30	Official Opening Ceremony <ul style="list-style-type: none">▶ Remarks by Dr. Ntuli Kapologwe, Director General, ECSA - HC▶ Remarks by Collaborating partners:<ul style="list-style-type: none">○ H.E. Nardos Bekale -Thomas, Chief Executive Director, AUDA-NEPAD○ H.E Dr. Jean Kaseya, Director General, Africa CDC○ Dr Mohamed Yakub Janabi, Regional Director, WHO Africa Region▶ Remarks by Hon. Madalitso Balozi (MP), Chairperson of the ECSA – HC Health Ministers Conference and Minister of Health and Sanitation, Republic of Malawi▶ Remarks and Welcoming the Guest of Honor by Hon. Mduduzi Matsebula (MP) Minister of Health, Kingdom of Eswatini▶ Keynote Address by His Excellency Russell Mmiso Dlamini, the Right Honourable Prime Minister, Kingdom of Eswatini
10:30 – 11:00	TEA BREAK and GROUP PHOTO
11:00 -12:00	ECSA Region – Health Status Report <ul style="list-style-type: none">- ECSA HC Secretariat (15 minutes)<ul style="list-style-type: none">▶ Reflection Statements by Member States (3 Minutes each)

Chaired by Malawi



12:00 – 13:00

Plenary session 1: Achieving universal health coverage through strengthened PHC systems and Sustainable Health Financing

- ▶ Statement by His Excellency Jakaya M. Kikwete - Former President of the United Republic of Tanzania - Sustainable Health Financing and the path towards Universal Health Coverage (*10 minutes*)
- ▶ Key Recommendation from the Health Financing Dialogue - ECSA HC Secretariat (*5 minutes*)

High Level Panel Discussion on Health Financing and Domestic Resource Mobilization (*45 minutes*)

- **Moderator:** Dr. Ntuli A. Kapologue, Director General, East, Central and Southern Africa Health Community (ECSA-HC)
- **Speakers:**
 - Dr Mohamed Yakub Janabi, Regional Director, WHO Africa Region
 - H.E Dr. Jean Kaseya, Director General, Africa CDC
 - Mr. Symerre Grey-Johnson, Director for Human Capital and Institutional Development, AUDA-NEPAD
 - Dr. Melchior Athanase Joël Codjovi Aïssi, Director General of the West African Health Organisation (WAHO)
 - Mr. Zitto Alfayo, Director, Project Preparation, Afrexim Bank

13:00 – 14:00

LUNCH

14:00 – 15:00	<p>Plenary session 1 <i>continued</i>:</p> <ul style="list-style-type: none"> ▶ Financing and sustainability of Community Health Programs by Africa Front line First and Living Goods (10 minutes) ▶ Presentation on progress of past resolutions on Health Financing (5 minutes) - ECSA HC Secretariat ▶ Statement by the Hon. Minister of Health- Zimbabwe - Topic: Redefining Domestic Resource Mobilization for resilient health systems (5 minutes) ▶ Statements by Member States (3 Minutes each) ▶ Plenary (All)
15:00 – 16:00	<p>Plenary session 2: Progress on Building Capacity on Health Emergencies, Response and Resilience in the Region</p> <ul style="list-style-type: none"> ▶ Report on Current Outbreaks (10 minutes) ▶ Presentation on progress of past resolutions on health security, preparedness and response (5 minutes) ▶ Statement by the Hon. Minister of Health – Zambia - Topic: Safeguarding Essential Health Services in Times of Crisis: Community-Centred Pathway to Resilient Health Systems (5 minutes) ▶ Statements by Member States (3 minutes each) ▶ Plenary (All)
16:00-16:30	TEA BREAK
16:30-18:30	Closed Session of the Health Ministers Conference
19:00-22:00	Cocktail reception - Programme for Investment and Financing in Africa's Health Sector (PIFAH)
End of Day 1	

Day 2 | Chaired by Eswatini



Wednesday, 04 February 2026

07.30 – 08.30	<p>Ministerial Side - Event – Breakfast meeting hosted by Minister of Health Zimbabwe – Global commitments on eye Health</p>
09:00-10:00	<p>Plenary Session 3: Progress on the Health of Women, Children and Adolescents in the ECSA-HC Region</p> <ul style="list-style-type: none"> ▶ Presentation on the status of still births in the Africa Region – University of Capetown (10 minutes) ▶ Presentation on the Africa Demographic Dividend and Sexual and Reproductive Health (A2DSRH) Programme - AUDA NEPAD - (10minutes) ▶ Presentation on progress of past resolutions on Reproductive, Maternal, Neonatal, Child and Adolescent Health - ECSA HC Secretariat (5minutes) ▶ Statement by the Hon. Minister of Health-Malawi (Topic: Accelerating progress towards 2030 targets for women, children and adolescents a case of Malawi) (5 minutes) ▶ Statements from Member States (3 minutes each) ▶ Plenary (All)
10:00 – 11:00	<p>Plenary Session 4: Progress on Integrating Regional Health Data in the ECSA Region</p> <ul style="list-style-type: none"> ▶ Digital health Infrastructure Assessment to Support Universal Health Coverage in the ECSA HC Region - ECSA HC Secretariat (10 minutes) ▶ Strengthening Primary Health Care through Actionable Health Data: A Scalable and Interoperable Platform for Community - Based Care-Person Connect (10 minutes) ▶ Digital Infrastructural Assessment for ECSA-HC member states -Global Health mentorships (10minutes)

	<ul style="list-style-type: none"> ▶ Statement by the Hon. Minister of Health - Tanzania (Topic: Innovative data systems for accountability, equity and sustainable global impact) (<i>5 minutes</i>) ▶ Statements by Member States (<i>3 minutes each</i>) ▶ Plenary (All)
11:00 – 11:30	TEA BREAK
11:30 – 13:00	<p>Plenary Session 5: Tackling Non-Communicable Diseases (NCDs)</p> <ul style="list-style-type: none"> ▶ Adolescent Nutrition: A strategic approach to address the cycle of Malnutrition and NCDs - MoH, Eswatini (<i>10 minutes</i>) ▶ Presentation on progress of past resolutions on NCDs - ECSA HC Secretariat (<i>5 minutes</i>) ▶ Statement by the Hon. Minister of Health – Mauritius (<i>5 minutes</i>) (Topic: Bold actions and inclusive plans to achieve the high-level commitments on NCDs and Mental health for a healthier population) ▶ Statements by Member States (<i>3 minutes each</i>)
13:00 – 14:00	LUNCH
14:00 to 15:30	<p>Plenary Session 6: Enhancing Governance, Leadership and Human Resources for Health</p> <ul style="list-style-type: none"> ▶ Presentation on Human resources for Health COP – IAPB/ ECSACONM (<i>10 minutes</i>) ▶ Presentation on progress of past resolutions on Human Resources for Health - ECSA HC Secretariat (<i>5 minutes</i>) <p>Panel discussion: From Resolutions to Results: Advancing Human Resources for Health through CHS and Constituent Colleges (<i>45 minutes</i>)</p>

	<ul style="list-style-type: none"> ● Speakers: <ul style="list-style-type: none"> i. Representative from higher education board, Malawi ii. Representative from health professions council or board, Zimbabwe iii. Ministry of Health Human Resources Director iv. ECSA-CHS representative ▶ Statement by the Hon. Minister of Health – Lesotho (Topic: Equitable Health workforce for UHC: harnessing HRH training across borders) (5 minutes) ▶ Statements by Member States (3 minutes each)
15:30-16:00	TEA BREAK
16:00-17:00	<p>Plenary Session 7: Progress in responding to Communicable Diseases and NTDs in the ECSA Region</p> <ul style="list-style-type: none"> ▶ Presentation on the Regional TB Laboratory Strengthening Project - Uganda SRL (10 minutes) ▶ Sustainability and Financing of NTD and Malaria elimination programs : focus on MoUs of cross border collaboration - WHO HQ (15 minutes) ▶ Statement by the Hon. Minister of Health (5 minutes) (Topic: Uganda's experience in building resilient Health systems in response to communicable diseases.) ▶ Statements by Member States (3 minutes each) ▶ Plenary (All) (20 minutes)
18:00-22:00	Dinner hosted by Minister of Health, Kingdom of Eswatini

End of Day 2

Day 3 | Chaired by Eswatini



Thursday, 05 February 2026

07.30 – 08.30	Side Event – Closed Breakfast meeting on Transforming Hospital Infrastructure, hosted by Kids Operating Room
09.00 – 10.00	Plenary Session 8: Driving Innovation and Resilience: Local Manufacturing for Health Security <ul style="list-style-type: none">▶ Towards the Abuja High - level Ministerial Meeting: ECSA Regional Progress and Recommendations on access to effective AMR countermeasures - ECSA HC Secretariat (10 minutes)▶ Statement by the Hon. Minister of Health- Kenya (Topic: Driving Innovation and Resilience through local Manufacturing for Health Security: Kenya's Journey toward manufacturing maturity level 3) (5 minutes)▶ Statements by Member States (3 minutes)▶ Plenary (All)
10:00 – 11:00	Plenary Session 9: Fostering Partnerships for resilient Health systems <ul style="list-style-type: none">▶ Panel One – Moderator Dr. Andrew Silumesii (ECSA - HC)<ul style="list-style-type: none">● Speakers:<ul style="list-style-type: none">○ Michael Kasende - EAC○ Ms. Louise Agersnap, Head innovation Hub, WHO○ Dr. Victoria Rutter, President of the Commonwealth Pharmacist Association▶ Panel Two – Moderator Dr. Jones Masiye (ECSA - HC)<ul style="list-style-type: none">○ Dr. Dunstan Bishanga - Partnerships and Strategic Engagement Manager, Laerdal Global Health -Tanzania○ Mr. Symerre Grey Johnson - Director Human Capital and Institutional Development - AUDA-NEPAD○ Prof Ashish Joshi, Dean - school of public Health, University of Memphis▶ Plenary
11:15 – 1230	TEA BREAK

	Presentation of key recommendations of the DJCC
12:30 - 13:00	Closing Ceremony <ul style="list-style-type: none">▶ Remarks<ul style="list-style-type: none">○ Dr. Ntuli A. Kapologwe, Director General, ECSA-HC○ Mr Parmanand Mawah, Chairperson of the ECSA Advisory Committee and Permanent Secretary, Ministry of Health, Mauritius○ Hon. Mduduzi Matsebula (MP) Minister of Health, Kingdom of Eswatini
13:00	LUNCH

THEME: Enhancing Health Systems for Equity, Resilience and Sustainability

Plenary session 1: Achieving universal health coverage through strengthened PHC systems and Sustainable Health Financing

Background

Member States of the ECSA Health Community, along with the rest of the international community, made commitments through the Resolutions of the World Health Assembly and the United Nations General Assembly, towards achieving Universal Health Coverage. These commitments oblige governments to ensure access to health care for all people in need, while cushioning those seeking care from the adverse effects of the associated costs.

Pursuant to the UHC goal, member states implement actions towards improving coverage, equitable access and financing of health services. However, challenges still abound in this regard.

While most countries in the region have made progress in terms of prioritizing the available resources by way of health benefit packages, it is quite clear that the resources remain severely limited. Most ECSA countries spend less than US\$86 per capita per year, implying that they still cannot guarantee access to the basic package of essential services, as recommended by the WHO. The increasing healthcare demands resulting from the growing burden of NCDs, the recurrence of pandemics and the health effects of climate change exert pressure on the already overstretched health systems. These emerging and re-emerging health problems tend to disproportionately affect the poorer segments of the population, thus exacerbating inequity in health systems.

Besides the limited funding for healthcare, health financing of ECSA member states is also characterised by relatively low domestically mobilized resources. Despite the commitments to allocate and spend up

to 15% of government budgets on health, the spending on health in most ECSA countries accounts for less than 10% of total Government spending. This, coupled with the limited coverage of health insurance and other risk pooling mechanisms exposes the population to financial risks, resulting from out-of-pocket payments for health care.

The health systems in the region are further characterised by a significant dependence on official development assistance from external partners. Whereas donor dependence varies across member states, external funds constitute about 45% of total health spending in half of the ECSA member states. In view of the anticipated reductions in official development assistance in the short to the medium term, the sustainability of health care programmes in the ECSA region cannot be guaranteed. The risk of a reversal of the health gains made, widening disparities in healthcare access and outcomes, and slower progress towards UHC remains high. The ECSA Health Community ought to take urgent decisive actions in addressing the existing challenges, to stay the course, towards fulfilling the UHC commitments.

Session Objectives

The session aims to:

- **Gain a clearer** understanding of the implications of the reductions in overseas development assistance on health services and outcomes
- **Deliberate** the opportunities for the enhanced mobilization of domestic funds for health
- **Identify** the roles of national, regional and international partners in supporting sustainable health financing efforts in the ECSA region
- **Define** the roadmap towards sustainable financing for health in the ECSA region

Expected Outcome

- Actionable recommendations on the enhancement of domestic resources for health in ECSA member states

Presentations

Reflections by a Permanent/Principal Secretary from the Senior Officials Dialogue on Value for Money, Value for Health: Optimizing Investments in Health

High Level Panel Discussion, including Africa CDC, WHO, Gates Foundation, WAHO, Afrexim bank

Plenary session 2: Progress on Building Capacity on Health Emergencies, Response and Resilience in the Region

Background

Countries in the Eastern, Central and Southern Africa (ECSA) region continue to face recurrent and overlapping public health emergencies, including cholera, mpox, measles, polio, viral hemorrhagic fevers, climate-related shocks, and cross-border outbreaks that strain already fragile health systems. Between 2024–2025, the region experienced one of the largest cholera waves in recent decades, with thousands of cases across multiple ECSA Member States driven by poor WASH conditions, population displacement, El Niño–associated flooding, and heavy cross-border mobility. Mpox also showed persistent multi-country transmission, with East and Central Africa contributing substantially to the global caseload.

These outbreaks have highlighted structural gaps in surveillance, laboratory systems, preparedness planning, emergency operations, rapid response capacity, and resilient essential services. In response, regional bodies including ECSA-HC, IGAD, EAC, SADC, Africa CDC, and WHO have strengthened collaboration to address shared vulnerabilities.

ECSAHC has provided a major opportunity to accelerate capacity building in the region through its various programs. ECSA-HC has been supporting Member States to strengthen cross-border surveillance, Points of Entry (PoE) capacities, PHEOC functionality, One Health coordination, emergency workforce development (FETP/RRTs), simulation exercises, and improved use of assessments such as JEEs, NAPHS, STAR, AAR/EAR, and PoE risk profiling. This session will take stock of the current epidemiological situation, review progress on past regional commitments, and shape future priorities for resilient health systems.

Despite important gains, preparedness and response capacities across the region remain uneven and vulnerable to shocks. Several challenges persist:



Cholera, Mpox, Marburg, EVD and vaccine-preventable diseases continue to affect multiple Member States simultaneously, exposing systemic gaps in surveillance, WASH, logistics, and emergency response. ECSA-HC Health Ministers have repeatedly endorsed resolutions on IHR (2005) implementation, cross-border collaboration, One Health, AMR/IPC, cholera elimination, and PHEOC strengthening. However, follow-up tracking shows inconsistent progress and limited documentation of impact. With HEPRR, Africa CDC frameworks, WHO initiatives, and other regional economic communities' activities all expanding, there is a strong need for harmonization, joint planning, and operational collaboration.

Session Objectives

Overall Objective

To review regional progress, identify remaining gaps, and propose priority actions for strengthening health emergency preparedness, response and resilience across ECSA Member States.

Specific Objectives

1. Present updated information on the current outbreak landscape in the region and implications for emergency readiness.
2. Assess progress made on past ECSA-HC resolutions related to IHR (2005), health security, One Health, cholera, AMR/IPC, PHEOCs, and emergency coordination.
3. Provide political and country perspectives, including a statement from the Hon. Minister of Health of Zambia and interventions from other Member States.
4. Facilitate dialogue among Member States and partners to identify gaps, innovations, and opportunities for regional collaboration.
5. Generate key recommendations to guide future implementation and shape upcoming resolutions of the Health Ministers' Conference.

Presentations / Session Format

This plenary session combines technical updates, policy reflections, and interactive discussion to enable multisectoral and multi-country learning.

1. Technical Report: Current Outbreaks (15 minutes)

A consolidated presentation by ECSA-HC technical experts, covering:

- Cholera, Mpox, Measles, Polio and other priority outbreaks;
- Epidemiological analysis by country and sub-region;
- Cross-border hotspots and mobility networks;
- Status of surveillance, laboratory diagnostics and PHEOC operations;
- How HEPRR-supported systems (PoE, PHEOC, RRTs, digital surveillance tools) have been leveraged.

2. Progress on ECSA-HC Past Resolutions (10 minutes)

A structured review focusing on:

- Key resolutions (health security, IHR, One Health, PHEOCs, AMR/IPC, cholera);
- Achievements supported through HEPRR and partner programs;
- Persistent bottlenecks and areas requiring political push or new financing;
- Proposed scorecard for monitoring implementation across Member States.

3. Statement by the Hon. Minister of Health – Zambia (5 minutes)

Highlighting:

- Zambia's progress in strengthening preparedness and resilience
- Innovations in PHEOC strengthening, cross-border surveillance, lab systems, and emergency coordination;
- Priority actions required at regional and continental levels.

4. Statements from Member States (3 minutes each)

Short, structured contributions focusing on:

- One key preparedness/response achievement;
- One major gap requiring support;
- Priority area for future regional collaboration.

5. Plenary Discussion (20 minutes)

Moderated exchange exploring:

- How to strengthen multi-country, One Health, and cross-border response mechanisms;
- Opportunities for harmonized tools, digital systems, and joint simulation exercises;
- Mechanisms for enhanced accountability on ministerial resolutions.

Expected Outcomes

1. Updated Regional Situational Brief on Current Outbreaks

A consolidated summary for Member States, including trends, hotspots, and implications for preparedness.

2. Progress Scorecard on Past ECSA-HC Resolutions

A simple “traffic-light” status report identifying:

- Areas of significant progress;
- Areas requiring urgent attention;
- Opportunities for joint regional action.

3. Documented Country Statements

Key achievements, challenges, and priority needs from all Member States.

4. Recommendations for the Ministerial Session

Clear, actionable proposals to be considered for inclusion in the final resolutions or communiqué of the Health Ministers’ Conference.

Plenary Session 3: Progress on the Health of Women, Children and Adolescents in the ECSA-HC Region

Background

The health of women, children, and adolescents remains a cornerstone of sustainable development in the East, Central, and Southern Africa (ECSA) region. Over the past decade, countries in this region have made significant strides in improving reproductive, maternal, neonatal, child, and adolescent health (RMNCAH). However, persistent challenges such as high maternal and neonatal mortality, adolescent health vulnerabilities, and preventable stillbirths continue to impede progress.

This session seeks to review achievements, highlight gaps, and foster dialogue on innovative approaches to accelerate progress in line with global commitments such as the Sustainable Development Goals (SDGs), the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), and regional ECSA-HC Health Ministers' resolutions.

Adolescent and Youth Inclusion in Health Programming

Adolescents and young people represent a significant proportion of the population in the ECSA region, with nearly 60% under the age of 25. Their health outcomes directly influence future social and economic development.

Current challenges: Limited access to sexual and reproductive health services, high rates of teenage pregnancies, HIV prevalence among youth, and inadequate mental health support.

Progress: Several countries have adopted youth-friendly health services, integrated adolescent health into national strategies, and strengthened school-based health programs.

Opportunities: Expanding digital health platforms, enhancing youth participation in policy-making, and scaling up comprehensive sexuality education.

Status of Stillbirths in the Africa Region

Stillbirths remain a neglected public health issue despite their devastating impact on families and communities.

Magnitude: Sub-Saharan Africa accounts for the highest burden of stillbirths globally, with rates exceeding 20 per 1,000 total births in some countries.

Contributing factors: Poor quality of antenatal care, lack of skilled birth attendance, delays in accessing emergency obstetric services, and preventable conditions such as infections and hypertension.

Recent initiatives: WHO and UNICEF have emphasized stillbirth reduction in global strategies, and several ECSA countries are strengthening data collection, improving intrapartum care, and investing in maternal health infrastructure.

Expected outcomes

This session will provide a platform to:

- ▶ Review evidence on adolescent and youth inclusion in health programming.
- ▶ Examine the current status and strategies to reduce stillbirths.
- ▶ Assess progress on past ECSA-HC resolutions and identify priority actions moving forward.

By fostering collaboration, innovation, and accountability, the region can accelerate progress toward achieving universal health coverage and the SDGs.

Plenary Session 4: Progress on Integrating Regional Health Data in the ECSA Region

Background

Integrated and timely health data are essential to building equitable, resilient, and sustainable health systems in the ECSA region. While countries have invested in health information systems and digital health solutions, the continued fragmentation across borders continues to limit collective preparedness, response, and the efficient use of resources. This fragmentation weakens equity by overlooking mobile and vulnerable populations, reduces resilience by delaying early warning and coordinated action, and undermines sustainability through duplicated investments.

Recognizing that health threats do not respect national boundaries, ECSA-HC has prioritized regional health data integration as a strategic enabler of Universal Health Coverage and health security. Aligned with WHO International Health Regulations and continental initiatives, this approach promotes secure, interoperable data sharing while respecting national ownership.

This session will review progress, highlight best practices, and identify policy, technical, and governance actions needed to accelerate regional data integration, strengthening decision-making, preparedness, and long-term health system sustainability.

Session Objectives

1. Review progress and challenges in integrating regional health data to advance equity, resilience, and sustainability.
2. Promote alignment and best practices on interoperable, secure, and standards-based health data systems.
3. Reinforce ministerial commitment to coordinated and sustainable investment in regional digital health and data governance.

Expected Outcomes

1. Priority actions to accelerate regional health data integration.
2. Agreement on key areas for harmonisation, including data standards, interoperability, and governance frameworks.
3. Strengthened regional collaboration and commitment to sustainable investment in digital health and data systems.

Plenary Session 5: Tackling Non- Communicable Diseases (NCDs)

Background

NCDs and Mental Health (MH) conditions are rising rapidly across the ECSA-HC region and are now among the leading causes of illness, disability, and premature death. NCDs such as cardiovascular diseases, diabetes, cancers and chronic respiratory diseases contribute to a growing health and economic burden. Some Member States report that NCDs account for 60–85% of all deaths, driven by urbanization, unhealthy diets, physical inactivity, tobacco use, excessive alcohol consumption and limited access to early detection and care.

MH conditions, including depression, anxiety, substance use disorders, epilepsy, and self-harm, are also increasing sharply, especially among adolescents and young adults. Across the region, up to 85% of people with MH disorders receive no treatment, owing to stigma, shortages of MH professionals, weak service integration, and inadequate financing. The COVID-19 pandemic further exposed vulnerabilities, disrupting NCDs, MH and Nutrition services and reinforcing the need for resilient primary health care (PHC) systems and community-based approaches.

This session provides an opportunity to review progress, share best practices, and identify strategic actions to accelerate NCDs, MH and Nutrition responses in the region.

Objectives of the Session

- Share successful country experiences in integrating NCDs, MH and Nutrition services into primary health care (PHC) and community platforms.
- Highlight innovative interventions that reduce NCD risk factors, including nutrition and lifestyle approaches.
- Identify gaps, challenges, and opportunities for scaling up NCDs, MH and Nutrition services.
- Develop actionable policy recommendations to strengthen national and regional responses.

- Review and present the progress achieved by Member States in implementing previous resolutions on MH and NCD prevention and control.

Expected Outcomes

- Strengthened regional collaboration and knowledge exchange on effective NCDs, MH and Nutrition approaches.
- Increased visibility and adoption of best practices and innovations relevant to low-resource settings.
- Clear identification of priority actions for improving prevention, early diagnosis, treatment, and community engagement.
- Practical recommendations to guide Member States in advancing NCDs, MH and Nutrition policies, financing, and service integration.

Plenary Session 6: Enhancing Governance, Leadership and Human Resources for Health

Background

Professional constituent colleges of the East, Central, and Southern Africa College of Health Sciences (ECSA-CHS) already contribute to strengthening health systems by localizing specialist training and standardizing regional care. However, persistent challenges remain, including limited scale of workplace-based fellowship training, fragmented qualification recognition, weak leadership integration in specialist curricula, and insufficient mechanisms for translating evidence into policy. Addressing these gaps is critical to advancing universal health coverage and regional health security. This session provides a platform to explore how higher education boards, ministries of health, professional councils, and ECSA-CHS can align their roles to accelerate HRH reforms.

Session Objectives

- Examine how workplace-based fellowship training can be scaled to strengthen district-level service delivery and reduce brain drain.

- Strengthen collaboration among Member States, ECSA CHS, Higher Education Boards, Health Professional/Nursing Councils, Ministry of Health and other institutions.
- Harness political leadership and mobilize resources to drive forward HRH transformation
- Present lessons learned and proven strategies from higher education and professional bodies

Expected Outcomes

- Actionable recommendations for scaling workplace-based fellowship training to enhance district-level service delivery and mitigate brain drain.
- Strengthened regional collaboration among Member States, ECSA-CHS, higher education boards, professional councils, ministries of health, and partner institutions.
- Renewed political commitment and resource mobilization to accelerate human resources for health (HRH) transformation across the region.
- Documented lessons learned and best practices from higher education institutions and professional bodies, with clear pathways for replication and scale-up.

Panel Discussion/Presentation

- **Panel Discussion:** From Resolutions to Results – Advancing Human Resources for Health through CHS and Constituent Colleges
- **Technical Presentation:** Human Resources for Health COP – IAPB/ ECSACONM
- **Progress Review:** Implementation of past HRH resolutions (10 minutes)
- **Keynote Address:** Hon. Minister of Health country (10 minutes)
- **Member State Statements:** 3 minutes each

Panel Discussion – Panellists and focus of discussion

From Resolutions to Results: Advancing Human Resources for Health through CHS and Constituent Colleges

Higher Education Board Authority – Tanzania/Malawi

- How can higher education boards effectively standardize curricula and training programs across institutions, such as ECSA CHS to ensure graduates meet both regional and international care standards?
- What mechanisms can be put in place to balance national priorities with regional harmonization and the collegiate training model in health education?

Ministry of Health Human Resources Director – Eswatini

- What strategic leadership approaches can ministries of health adopt to ensure equitable distribution of the health workforce within and across borders?
- How can the Ministry of Health support the collegiate model to strengthen collaboration, harmonization, and sustainability of workforce planning?
- What policy levers are most effective in aligning national human resource strategies with regional health needs?

Professional Councils – Zimbabwe

- In what ways can health professional councils support ECSA CHS colleges in guaranteeing workforce competence through licensing and regulation?
- How can councils strengthen continuous professional development and uphold ethical standards across diverse health systems?
- What role should councils play in bridging gaps between academic training and professional practice?

ECSA CHS Representative

- How can ECSA-CHS scale the workplace-based fellowship model to strengthen district-level service delivery while reducing the loss of professionals to training abroad?
- What strategies can ECSA-CHS employ to harmonize qualifications, embed leadership and governance modules, and ensure regional recognition of specialist cadres across member states?

- How can ECSA-CHS lead in establishing regional accreditation standards, advocating for workforce equity, and leveraging digital platforms to sustain mentorship and evidence-to-policy translation?

Plenary Session 7: Progress in responding to Communicable Diseases and NTDs in the ECSA Region

Background

East, Central, and Southern African countries face a substantial, complex burden of communicable, emerging/re-emerging, and neglected tropical diseases, which pose significant challenges to public health and economic development. Endemic diseases like HIV/AIDS, Malaria, and Tuberculosis remain primary health threats, with the region accounting for a third of the global HIV burden and a high proportion of TB and malaria cases, and high co-infection rates between HIV and TB posing a critical challenge. As a result of various factors including climate change, urbanisation, increasing human-animal interaction, and fragile health systems, emerging and re-emerging infectious disease outbreaks, such as Ebola, Cholera, Measles, M-pox and Yellow Fever, are also on the rise. The region also accounts for a disproportionate 40% of the global NTD burden.

In response, countries are strengthening national mechanisms and aligning national strategies with global targets. Despite progress being made, challenges persist due to low per-capita health spending, inadequate infrastructure, and the impact of humanitarian crises, necessitating continued investment and the strengthening of a coordinated multi-sectoral “One Health” approaches to tackling diseases.

Session objectives

This session aims to provide a detailed overview of the progress made in responding to communicable and neglected tropical diseases in the ECSA region, highlighting key achievements, challenges, and experiences on South-to-South learning and collaboration.

Expected outcomes

1. Shared evidence-based experiences in responding to communicable diseases and NTDs in the region
2. Shared lessons learned from adopting a regional response to communicable diseases

Presentations

1. Honourable Minister of Health of Uganda to deliver a keynote address on Uganda's experience in responding to communicable diseases
2. South to south learning and collaboration: Lessons from implementing the ECSA Regional TB Laboratory Strengthening Project in 21 African countries – Uganda SRL
3. Sustainability and Financing of NTD and Malaria elimination programs - focus on MoUs of cross border collaboration - WHO HQ
4. Statements from Member States
5. Plenary Discussion

Plenary Session 8: Driving Innovation and Resilience: Local Manufacturing for Health Security

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. At the same time, antimicrobial resistance (AMR) has emerged as a silent but escalating threat that undermines public health security, effectiveness of these very countermeasures, eroding gains in maternal and child health, surgery, oncology, HIV, TB, and other priority programmes. Weak access to quality-assured antimicrobials and diagnostics, coupled with inappropriate use, accelerates resistance and increases morbidity, mortality, and

costs of care. In response, there is an urgent need to catalyze local manufacturing of health products and ensure equitable access to these countermeasures as a strategic pillar for strengthening health systems and ensuring regional self-reliance highlighted in the AU Landmark report. The 74th HMC resolutions on local manufacturing: ECSA/HMC74/R10: Strengthening capacity for diagnostics in the ECSA region and beyond and ECSA/HMC74/R11: Enhancing Local Manufacturing of Medicines and Medical Supplies through Incentivizing Local Manufacturers by advocating for procurement of locally manufactured products, supporting the training of a skilled workforce, consolidating efforts to ensure a coordinated unified market for local production and consumption in line with African Continental Free Trade Area (AfCFTA) for regional manufacturing capacity, advocating for stream-lined regulatory pathways for health products and technologies, and harmonized regulatory frameworks across the region and supporting technology transfer to build sustainable capacity. The 76th Health Ministers Conference of the East, Central and Southern Africa Health Community (ECSA-HC) therefore 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.

- Health Security and Emergency Preparedness: Local production ensures timely access to essential health commodities during emergencies.
- Supply Chain Resilience: Reduces risks of global supply chain disruptions.
- Economic Empowerment: Stimulates job creation, industrial growth, and technology transfer.
- Policy Sovereignty: Enhances Africa's ability to determine health priorities and product specifications.
- Equity and Access: Enables availability of context-appropriate and affordable products for rural and underserved populations.
- Health Systems Strengthening: Reinforces the backbone of national health systems by ensuring dependable and sustainable supplies.

Despite regional efforts, manufacturing capacity remains fragmented and underfunded. Key challenges include:

- Limited infrastructure and regulatory systems to ensure quality health products
- Weak research and development (R&D) investment
- Low access to financing and market entry barriers
- Inadequate skilled workforce and training platforms
- Inadequate regional coordination and policy alignment
- Inconsistent quality assurance systems that undermine trust in local products
- Africa CDC's New Public Health Order and the AU 2063 agenda for a unified, resilient health architecture.
- The African Medicines Agency (AMA) and AMRH regulatory harmonization initiatives that can accelerate approval of quality-assured locally manufactured products and facilitate pooled markets.
- ECSA-HC Strategic Plan (2024-20234) aims to foster pooled procurement, joint regulatory assessments, and shared learning on local manufacturing and AMR stewardship.
- The Africa Union AMR Landmark Report and Africa CDC's continental efforts to address AMR, including equitable access to quality antimicrobials, diagnostics and vaccines. The Continental Stakeholders Engagement on Access to Antimicrobials, Diagnostics and Vaccines (CSE on AMR 2025), which is developing a Continental Access Roadmap and Investment Case that cut across vertical programmes and support regional manufacturing and regulatory systems.
- **African Continental Free Trade Area (AfCFTA):** Presents a platform for harmonized regulation and market access.
- **Technology Transfer Agreements:** South-South cooperation can enhance local production of medicines and diagnostics.
- **Digital Health Integration:** Use of digital platforms to support quality assurance, logistics, and demand forecasting.
- **Regional Pooled Procurement:** ECSA-HC and partners can support joint purchasing mechanisms to stimulate local demand.
- **Public-Private Partnerships:** Can accelerate investments and scale-up of manufacturing hubs.
- **Circular Economy Models:** Promote sustainable production practices that minimize environmental impacts.

Session Objectives

This session will explore strategic pathways to boost local manufacturing capacity across the East, Central, and Southern Africa region with a focus on strengthening supply chains, promoting innovation, and fostering sustainability. Panelists will share experiences, lessons learned, and scalable best practices from regional and country-level initiatives, while participants will engage in solution-oriented discussions aimed at overcoming current challenges in health product manufacturing.

The session will bring together policymakers, public health experts, industrial pharmacists, representatives from ministries of health and industry, manufacturers, regulatory authorities, researchers, donors, and regional economic communities. Participation from civil society, youth innovators, and gender-focused organizations will ensure inclusive perspectives.

Expected Outcome

The session will provide an opportunity for the uptake of actionable recommendations to inform national and regional policies, foster regional collaboration, and unlock investments for local manufacturing. Also contribute to a shared understanding of the role of local manufacturing in strengthening resilient health systems and achieving equitable access to health technologies.

To achieve health sovereignty and build a resilient, equitable, and sustainable health system, ECSA member states must commit to coordinated, well-financed, and innovation-driven approaches to local manufacturing. Strengthening local manufacturing is not only a tool for economic development but a cornerstone of resilient health systems and health equity. The 76TH HMC provides a timely platform to translate political commitments into actionable frameworks that can drive long-term transformation of Africa's health industrial base.

Plenary Session 9: Fostering Partnerships for resilient health systems

Background

Partnerships have always been a cornerstone of the East, Central, and Southern Africa Community's (ECSA-HC) efforts to improve health outcomes across the region. Recognizing the pivotal role of collaboration, therefore a session on fostering partnerships will be hosted to engage stakeholders in supporting the implementation of the Regional Health Agenda and implementation of ECSA-HC Strategic Plan (2024-2034). This plan outlines the region's collective vision for addressing critical health challenges, strengthening health systems, and promoting equitable access to quality healthcare. The session will provide a platform for partners to identify opportunity for aligning their resources, expertise, and initiatives with the strategic focus of the region and to support the members states ensuring sustainable and impactful health interventions.

Session objectives

To engage partners in dialogue to identify opportunities for alignment and collaboration.

To secure commitments from partners to support the implementation of the strategic plan through funding, technical assistance, and capacity-building initiative

To establish mechanisms for continuous engagement and accountability between ECSA-HC, member states, and partners.

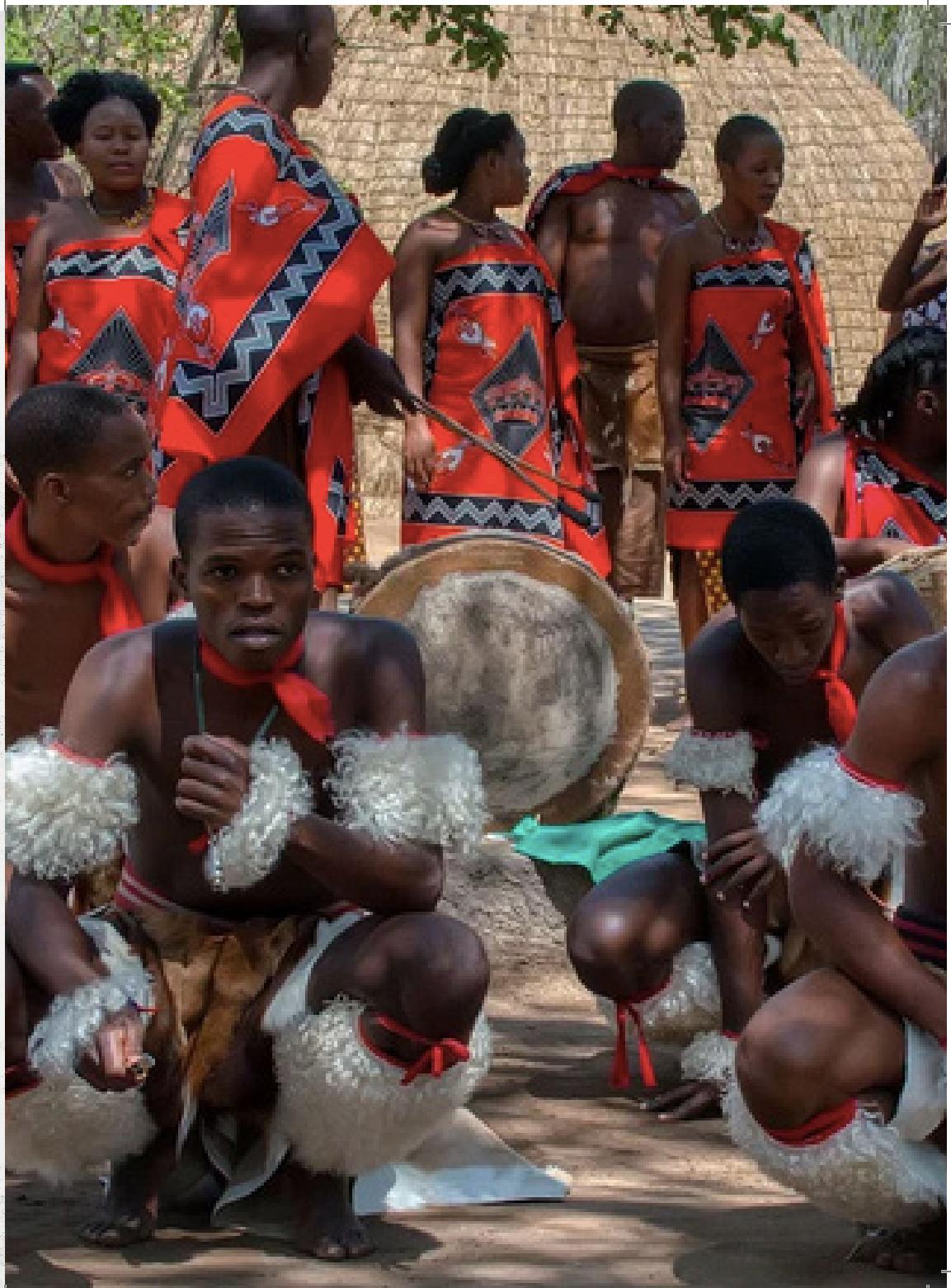
Expected outcomes

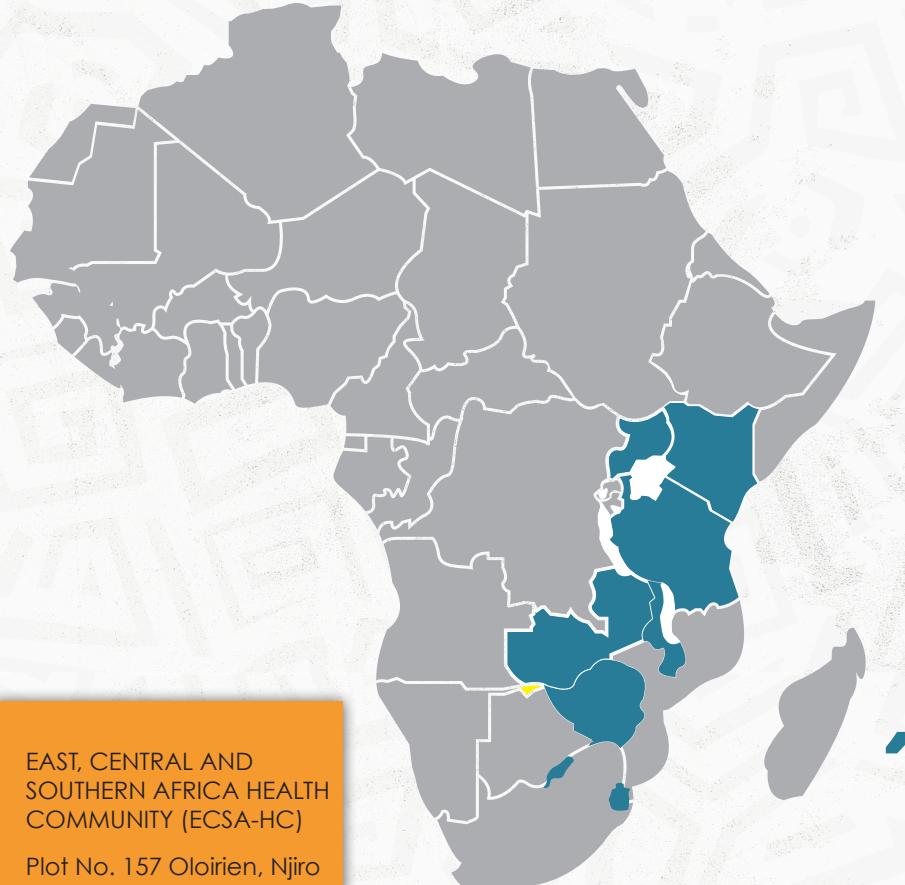
This forum will be a round table with the various stakeholders and partners as panellists in a moderated session. The session will be a significant milestone in galvanizing collective action to strengthen health systems and address priority health issues across the region



Our Sponsors







**EAST, CENTRAL AND
SOUTHERN AFRICA HEALTH
COMMUNITY (ECSA-HC)**

Plot No. 157 Oloirien, Njiro
Road,
P.O Box 1009,
Arusha-Tanzania

Tel: +255-27-2973677/8
regsec@ecsa-hc.org