Innovation and Accountability in Health Towards Achieving Universal Health Coverage.

Taj Pamodzi Hotel, Lusaka, Republic of Zambia

19 – 21 February 2020
1. The East Central and Southern Africa Health Community 69th Health Ministers Conference was held at Taj Pamodzi Hotel, Lusaka, Zambia from 19th to 21st February 2020. The Conference was attended by Honourable Ministers, Heads of Delegation and senior officials from ECSA Health Community Member States, partner organisations, research institutions, civil society organisations and other key stakeholders. The Conference was organized under the theme: “Innovation and Accountability in Health Towards Achieving Universal Health Coverage.

2. The Conference was opened by the Vice President of the Republic of Zambia, Her Honour Inonge Mutukwa Wina, on behalf of His Excellency, President Edgar Lungu. The Chief Guest in her address reflected on the theme and sub-themes of the Conference and lauded the Ministers and all participants for paying attention to both short-term and long-term solutions to the many health challenges in the region. She was particularly pleased to note that the theme of the Conference resonated well with the Africa Union Agenda 2063.

3. The Vice President reported on some of the areas of successful reform undertaken by Zambia, and underscored the need for country investments in innovations and high impact interventions to address health challenges in the region. She noted that the ongoing Ebola virus disease outbreak in the Democratic Republic of Congo, and the recent Corona virus outbreak (COVID-19) posed serious threats that called for enhanced collaborative cross border surveillance efforts and partner coordination. She urged the Conference to come up with innovative solutions to the regional challenges by the end of the Conference.

4. The key message from the Guest of Honour was amplified by Dr Githinji Gitahi, MBS, in his keynote address, and by Prof Francis Omaswa in his discussion of Dr Githinji Gitahi’s address, with calls for greater investment in health, more efficient utilisation of available resources, backed by prioritisation of those interventions, such as health promotion, disease prevention and keeping healthy people healthy, that offered the greatest returns on investment.

5. The Conference took stock of the key messages from the Chief Guest and the keynote address, and re-affirmed their commitment to promote the theme of the Conference: Innovation and Accountability in Health Towards Achieving Universal Health Coverage.
6. Subsequent deliberations at the Conference proceeded under the following sub themes:
   - Equity and Access to Eye Health in the ECSA region
   - Opportunities for achieving Water, Sanitation and Hygiene Global Health Targets
   - Efforts to Improve Adolescent and Young People’s Health
   - Innovative Approaches towards achieving Food Safety and Improving Quality of Life
   - Prioritizing Challenges of Substance Use and Mental Health Challenges in ECSA region
   - Tackling Emerging and Re-emerging Health Threats: A regional One Health Approach to Managing Recurrent Outbreaks

7. At the end of the conference, the Ministers considered and passed the following resolutions:

   **ECSA/HMC69/R1**  
   Equity and Access to Eye Health in the ECSA region

   **ECSA/HMC69/R2**  
   Opportunities for achieving Water, Sanitation and Hygiene Global Health Targets

   **ECSA/HMC69/R3**  
   Efforts to Improve Adolescent and Young People’s Health

   **ECSA/HMC69/R4**  
   Innovative Approaches towards achieving Food Safety and Improving Quality of Life

   **ECSA/HMC69/R5**  
   Prioritizing the Challenges of Substance Use and Mental Health in the ECSA region

   **ECSA/HMC69/R6**  
   Tackling Emerging and Re-emerging Health Threats: A Regional One Health Approach to Managing Recurrent Outbreaks

   **ECSA/HMC69/R7**  
   Expression of gratitude to partners of the ECSA Health Community

   **ECSA/HMC69/R8**  
   Expression of Gratitude to the Government and People of the Republic of Zambia

8. The full text of the Resolutions follows.
8.1 ECSA/HMC/69/R1: Equity and Access to Eye Health in the ECSA region

The 69th Conference of Health Ministers:

**Concerned** with the high burden of visual impairment and blindness in the ECSA region; with close to 21% of the region's population suffering from some form of eye illness;

**Aware** that 80% of the visual impairment and blindness are due to causes that can be prevented and treated with available cost-effective interventions;

**Cognizant** of low prioritization of eye health care in health planning and budgeting, and inequitable access to eye health care;

**Aware** of the huge returns on investment of interventions for eye health and that blindness has huge negative social and economic effects at individual, family, community and national levels;

**Noting** with satisfaction on some of the best practices in member states in tackling eye conditions such as retinopathy of prematurity and retinoblastoma through cost-effective programmes and policies; and

**Desirous** of making the most effective use of the scarce human, financial and other health resources within the region

**Now therefore**

**Urges Member States to:**

1. Implement integrated approaches for prevention, control and management of eye health conditions at all levels, with emphasis on primary health care;

2. Increase access to eye health services at all levels, by investing in and ensuring equitable distribution of Human Resources for Eye Health (HREH) and promote inclusion of eye health agenda at national, regional and international level; and

Directs the Secretariat to:-

1. Support the member states to implement this resolution; and

2. Generate and disseminate evidence on eye health care in the region.

8.2. ECSA/HMC69/R2: Opportunities for achieving Water, Sanitation and Hygiene (WASH) Global Health Targets

The 69th Conference of Health Ministers:

Recalling RHMC/42/R9 which urged Member States to uphold and ensure the right of all citizens to adequate housing, food, safe water and sanitation;

Cognizant of SDG 6 on ensuring availability and sustainable management of water, sanitation and hygiene by 2030 and the new focus on access, equity and safely managed services;

Recognizing the need for multisectoral collaboration on WASH programmes in meeting global health targets, especially those on reducing maternal and neonatal mortality; reducing the spread of antimicrobial resistance and preventing and containing disease outbreaks, control and elimination of NTDs such as trachoma;

Aware of the commitment made at the 72nd World Health Assembly to develop national roadmaps and strengthen health systems to improve WASH services in health facilities;

Aware of Member states’ commitment on renewed focus on preventing early childhood deaths through the Every Child Alive Campaign to address WASH in health systems strengthening through the Astana Declaration; and

Appreciating the progress made by Member States in developing and implementing WASH strategies

Now therefore

Urges the Member States to:

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1. Review and/or develop WASH country policies and strategies to incorporate the new SDG targets on access, equity and the new focus on safely managed services

2. Promote multisectoral collaboration and encourage private sector investments in WASH initiatives

3. Develop WASH regulatory frameworks, including standards and ensure implementation and enforcement of the regulations

4. Strengthen WASH services in health facilities in line with the 72nd WHA commitment

Directs the Secretariat to:

1. Monitor the implementation of WASH programmes in Member States and report to the 73rd ECSA Health Ministers Conference

2. Support Member states in the implementation of this resolution

8.3 ECSA/HMC/69/R3: Efforts to Improve Adolescent and Young People’s Health

The 69th Conference of Health Ministers:

Recalling resolutions:
CRHC/RMH26/R3.2 that urged member states to review adolescent health policies to ensure that school girls who become pregnant are given opportunity to continue with their education;

CRHC/RMH32/R1 that urged member states to develop and put in place adolescent reproductive health policies and programmes;

ECSA/HMC58/R4 that urged member states to build the capacity and empower adolescents through provision of sex education and communication strategies at all levels of education;

ECSA/HMC65/R4 that urged member states to strengthen monitoring of the accountability framework for reproductive, newborn, maternal, adolescent and child health services, and
ECSA/HMC67/R4 that urged member states to mainstream adolescent nutrition in existing interventions under health, education and other key sectors;

**Concerned** with the increase in malnutrition among adolescents due to poor dietary habits, among others;

**Further Concerned** with increasing early child marriages within the region that leads to high teenage pregnancies and associated risks;

**Cognizant** of the fact that the majority of the adolescents and youths in the ECSA Member States have limited access to information and youth-friendly healthcare services;

**Aware** of the limited availability of data on sexual and reproductive health for adolescents under 15 years;

**Aware** of the high burden of paediatric surgical disease, coupled with the limited and inequitable access to safe, affordable paediatric surgical and anaesthesia care; and

**Committed to ensure** that such inequalities and gaps in paediatric surgery and anaesthesia services are addressed in the spirit UHC (*Leaving no one behind*), and to ensure that the young population receive appropriate surgical and anaesthetic care

**Now therefore**

**Urges the Member states to:** -

1. Accelerate and/or sustain implementation of the past Resolutions on Adolescent Health;

2. Develop and/or enforce legislation that prevent early child marriages and harmful socio-cultural practices;

3. Strengthen the implementation of appropriate and comprehensive adolescent health and nutrition programmes with involvement of adolescents and young people;
4. Promote innovative platforms to increase access to information on adolescent health; and

5. Strengthen and/or build comprehensive, sustainable paediatric surgery and anaesthesia programmes, to address the gaps and need.

Directs the Secretariat to:-

1. Support Member States in the implementation of this resolution; and

2. Support member states to monitor the implementation of actions on adolescent and young people’s health including young people under 15 years.

8.4 ECSA/HMC/69/R4: Innovative Approaches Towards Achieving Food Safety and Improving Quality of life

The 69th Conference of Health Ministers:

Concerned that unsafe food creates a vicious cycle of diseases and malnutrition, particularly affecting infants, young children, elderly and other vulnerable groups;

Aware that issues of food safety may impede on socioeconomic development by posing a significant health burden on strained health care systems, and contributing to trade barriers with negative impact on national economies and tourism;

Underscoring the critical need to strengthen multi-sectoral collaboration as part of the One Health approach to comprehensively address food safety;

Reaffirming the Members States’ commitments to global and regional guidance on food quality and safety in order to deliver the health and nutrition goals;

Concerned with the limited capacity of existing systems to deliver on food safety objectives, without leaving the informal food sector behind; and
Appreciating that food safety is key to achieving Sustainable Development Goals and is a shared responsibility for governments, producers and consumers

Now therefore

Urges Member States to:-

1. Adopt and implement the One Health approach to food safety through strengthening multisectoral collaboration;

2. Strengthen national food control systems and regulatory instruments for implementing and monitoring food safety control measures throughout the food systems;

3. Integrate food safety and quality aspects in pre-primary, primary, secondary and tertiary school's curriculum;

4. Invest in infrastructure and other resources for effective regulation and monitoring on food safety; and

5. Promote emerging technologies and innovative approaches to enhance food quality and safety practices.

Directs the Secretariat to:-

1. Facilitate cross country learning in the implementation of African Food Safety Index; and

2. Develop regional guidelines to support implementation of the One Health approach for food safety.

8.5 ECSA/HMC69/R5: Prioritizing the Challenges of substance Use and Mental Health in ECSA region

The 69th Conference of Health Ministers:

Recalling RHMC/25/R3.2 that urged member states to strengthen substance abuse policies (including legislation), targeting adolescents;
Recalling RHMC/32/R1 that urged member states to address alcohol and other substance abuse as social determinants of health;

Recalling RHMC/44/R3 that directed ECSA Secretariat to address the linkage between HIV/AIDS, alcohol and substances abuse;

Aware of existing legislations on substance use prevention in the ECSA region;

Concerned with the increasing rate of substance use by young people, leading to high rates of mental ill health;

Further concerned with inadequate number of mental health experts in the ECSA region;

Acknowledging the efforts made by member states in addressing mental ill health and substance use; and

Concerned with the increased availability and harmful use of cannabis, heroin, cocaine, amphetamines, opioid derivatives and other synthetic substances

Now therefore

Urges Member States to: -

1. Strengthen the capacity of human resources for health for effective provision of mental health services;

2. Develop and/or strengthen mental health policies and programmes to guide service delivery, training and research;

3. Promote multi-sectoral approaches in combating substance use by engaging others sectors including education, agriculture, youth, trade and border control agencies; and

4. Incorporate medicines for mental ill health in the Essential Medicines List

Directs the Secretariat to: -

1. Establish an expert committee on mental health and substance use; and
2. Facilitate dissemination and scale up of effective models/best practices for responding to mental ill health and substance use

8.6 ECSA/HMC69/R6: Tackling Emerging and Re-emerging Health Threats: A regional One Health Approach to Managing Recurrent Outbreaks

The 69th Conference of Health Ministers:

Recalling Resolutions

- ECSA/RHMC/48/R7 urging Member States to establish and strengthen laboratory services for monitoring MDR and XDR TB,
- ECSA/HMC58/R3 on Promotion of Multi-sectoral and Cross-border coordination & collaboration in Disease Prevention and Control,
- ECSA/HMC60/R4 on Control and prevention of Infectious diseases urging Member States to strengthen surveillance systems, emergency preparedness and response to Viral Haemorrhagic Fever outbreaks including Ebola Virus Disease, and
- ECSA/HMC62/R4 urging Member States to strengthen disease surveillance systems and laboratory diagnostic capacity at community, sub national and national levels;

Aware of the high burden of infectious diseases in ECSA region with many epidemics that have occurred in the last decades including Viral Hemorrhagic Fevers and other emerging and re-emerging infectious diseases;

Concerned by the grave threat posed by the current outbreak of the novel coronavirus disease (COVID-19) that has been declared a Public Health Emergency of International Concern (PHEIC);

Appreciating that most of the ECSA-HC Member States have conducted Joint External Evaluations (JEE) to assess the implementation of the International Health Regulations (IHR 2005) and Global Health Security Agenda;
Mindful of the existing gaps in capacity to implement the International Health Regulations (IHR (2005), particularly related to workforce development, infrastructure, budgetary allocation, management of zoonotic diseases and antimicrobial resistance;

Acknowledging the efforts and investments that have been made by the Member States and Partners in enhancing capacities for emergency preparedness, surveillance and response to outbreaks and other public health events; and

Further acknowledging that weaknesses still exist and need to be addressed to build resilient systems for emergency preparedness and response

Now therefore

Urges the Member States to:

1. Accelerate and sustain the implementation of past resolutions on emerging and re-emerging health threats;

2. Establish and/or strengthen and operationalize National Public Health Institutes in-line with the Africa CDC Strategy to coordinate preparedness and surveillance systems in a multi-sectoral approach, including Emergency Operating Centres (EOCs);

3. Strengthen cross-border collaborations between Member States in emergency preparedness and response to epidemics and other events of public health concern;

4. Develop and/or implement National action plans for health security including multi-hazard preparedness and response plans to address gaps identified in the Joint External Evaluation (JEE) assessments;

5. Strengthen surveillance systems for prevention, early detection and appropriate response to threats of disease outbreaks, including COVID-19; and

6. Establish and/or strengthen events based surveillance to enhance early detection of disease outbreaks

Direct the Secretariat to:
1. Review and document the progress made in the implementation of past resolutions on emerging and re-emerging health threats and report to the 71st HMC; and

2. Support the Member States to implement this Resolution

8.7 ECSA/HMC69/R7: Expression of Gratitude to Partners of the ECSA Health Community

The 69th Health Ministers’ Conference

Acknowledging the contribution of Partners to gains in the health sector in the region;

Appreciating partners’ commitment in strengthening health systems in the region through provision of technical and financial support;

Reiterating its appreciation for the continued support from Partners to Member States and the ECSA Secretariat towards the implementation of Resolutions of the Health Ministers’ Conferences, and regional and national health programmes:

Now therefore:

1. Expresses its profound gratitude to all Partners for their support to the health sector in the region;

2. Renews its commitment to continued collaboration and genuine partnership in the implementation of agreed projects/programmes of work with partners; and

3. Recommits to the strengthening of the coordination of partners at regional and country level in the spirit of innovation and mutual accountability to achieve Universal Health Coverage.
8.8 ECSA/HMC69/R8: Expression of Gratitude to the Government and People of the Republic of Zambia

The 69th Health Ministers Conference

Humbled by the readiness of the Government of the Republic of Zambia, through the Ministry of Health to host the 69th ECSA Health Ministers Conference;

Recognizing the excellent planning and preparation of this 69th ECSA Health Ministers Conference;

Appreciative of the warm hospitality and generosity extended by the Government and the people of the Republic of Zambia to Ministers and Delegations of ECSA-HC, their partners, members of the secretariat and all participants of the 69th Health Ministers Conference;

Now therefore:

1. Wishes to express profound gratitude to the President of the Republic of Zambia, His Excellency Edgar Chagwa Lungu, the Government and the people of the Republic of Zambia for hosting the 69th Health Ministers Conference;

2. Humbly requests the Minister of Health of the Republic of Zambia to convey the individual and collective gratitude of the Health Ministers and delegates to Her Honour, Inonge Mutukwa Wina, the Vice President of the Republic of Zambia, for officially opening the 69th Health Ministers Conference; and

3. Reaffirms its commitment to achieving Universal Health Coverage with renewed vigour and a focus on innovation and accountability through multi-sectoral collaboration.