Resolutions of the 73rd Health Ministers Conference

Theme: 50 Years of Leadership and Excellence in Regional Health Collaboration

Gran Melia Hotel,

Arusha

United Republic of Tanzania

20th - 21st June 2024

ESWATINI   KENYA   LESOTHO   MALAWI   MAURITIUS   TANZANIA   UGANDA   ZAMBIA   ZIMBABWE

Resolutions of the 73rd ECSA Health Ministers Conference

Preamble

The East, Central and Southern Africa Health Community 73rd Health Ministers Conference was held at Gran Melia, Arusha in the United Republic of Tanzania from June 20 -21, 2024. The Conference was attended by Honourable Ministers, Heads of Delegations, senior officials from ECSA Health Community Member States, partner organizations, research institutions, civil society organizations and other key stakeholders. The Conference was organized under the theme: 50 Years of Leadership and Excellence in Regional Health Collaboration.

The HMC was officially opened by Ms Seipati Monyobi, Deputy Principal Secretary for the Kingdom of Lesotho representing the Minister Hon Selibe Mochoboroane. In her remarks, Ms. Seipati welcomed participants and extended her gratitude to everyone who volunteered countless hours and contributed to the discussions for a positive change. She further indicated that over the past 50 years, ECSA member states have faced several public health challenges that sometimes appears to be insurmountable but by holding each other's hand the countries have triumphed and the region has excelled. She emphasized on the need for regional collaboration considering the countries face similar problems. Ms. Seipati further reminded the delegates that ECSA-HC was founded by the Ministers of Health who felt the need for collective action to address health problems in the region to leverage on each other's strengths and maximize the available opportunities. Moved by the growing burden of diseases and competing needs for limited resources in all member states. She further noted that ECSA-HC's contribution has made a profound difference in the lives of citizen in the Region.

Deliberations at the Conference proceeded under the following sub-themes:

1. **Human Resources for Health**
2. **Health Financing**
3. **Emerging and Re-emerging infectious diseases and health emergencies**
4. **Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition**
5. **Non-communicable, mental health and Substance use**
6. **Mitigating the effects of climate change on health**
7. **Technology and Innovations in health**

At the end of the conference, the Ministers considered and passed the following resolutions:
-
ECSA/HMC73/R1: Building Skilled Human Resources for Health Towards the Attainment of Universal Health Coverage in the ECSA -HC Region
ECSA/HMC73/R2: Health Financing to build resilient health systems
ECSA/HMC73/R3: Emerging and Re-emerging infectious diseases and health emergencies
ECSA/HMC73/R4: Strengthening Implementation of National Action Plans on Antimicrobial Resistance (AMR)
ECSA/HMC73/R5: Reproductive, Maternal, Neonatal, Child and Adolescent Health

ECSA/HMC73/R6: Nutrition for promoting health and development

ECSA/HMC73/R7: Non-communicable diseases, injuries, mental health and Substance abuse

ECSA/HMC73/R8: Mitigating the effects of climate change on health

ECSA/HMC73/R9: Technology and Innovations in health

ECSA/HMC73/R10: Sustaining the interventions for TB in the Mining Sector

ECSA/HMC73/R11: Expression of Gratitude to Partners of the ECSA Health Community

ECSA/HMC73/R12: Expression of Gratitude to the Government and People of the United Republic of Tanzania

ACRONYMS

AI	:	Artificial Intelligence
AMC	:	Antimicrobial Consumption
AMR	:	Antimicrobial Resistance
AMU	:	Antimicrobial Use
AYSRH	:	Adolescent and Youth Sexual and Reproductive Health
CHS	:	College of Health Sciences
CHWs	:	Community Health Workers
COSESCA	:	College of Surgeons of East Central and Southern Africa Africa
CPD	:	Continuous Professional Development
CSO	:	Civil Societies Organization
EBS	:	Event-Based Surveillance
ECSA-HC	:	East, Central and South Africa Health Community
ECSACOPHP:		ECSA Colleges of Public Health Physicians
ECSAFP	:	ECSA College of Family Physicians
EMRs	:	Electronic Medical Records
GSPP	:	Government Sector Performance Plan
HIV/AIDS	:	Human Immunodeficiency Virus/ AIDS/Acquired Immunodeficiency Syndrome
HMC	:	Health Ministries Conference
HRH	:	Human Resources for Health
ICN2	:	International Conference on Nutrition
IDSR	:	Integrated Disease Surveillance and Response
IHR	:	International Health Regulations, 2005
LMICs	:	Lower Middle-Income Countries
MNCH	:	Maternal, Newborn and Child Health
N4G	:	Nutrition for Growth
NAP	:	National Action Plans
NCDs	:	Non-Communicable Diseases
RMNCAH	:	Reproductive Maternal Neonatal Child and Adolescent Health
SADC	:	Southern Africa Development Community
SDGs	:	Sustainable Development Goals
TB	:	Tuberculosis
TIMS	:	TB in the Mining Sector
UNFCCC	:	United Nations Framework Convention on Climate Change
VAC	:	Violence Against Children
WASH	:	Water, Sanitation and Hygiene
WHA	:	World Health Assembly
WHO	:	World Health Organisation

ECSA/HMC73/R1: Building Skilled Human Resources for Health Towards the Attainment of Universal Health Coverage in the ECSA-HC Region

Preamble

- **Cognizant** of the critical role of HRH in ensuring resilient, sustainable and responsive health systems and it's encompassing not only the technical skills essential for creating and maintaining health but also the support system skills.
- **Encouraged** that approaches and strategies for sustainable solutions for HRH quality and numbers such as the ECSA collegiate model have been tested and found to work for the region.
- **Aware** of current status of the retention of specialists at 88.8% and the disturbing phenomenon where qualified health workers are not absorbed into the national health systems (both public and private sectors) after completion of training yet the numbers of health workers at the health facilities remain below the WHO recommended standards.
- **Appreciating** the effort and investments made by the ECSA College of Surgeons (COSECSA), in collaboration with AO Alliance Foundation and COSECSA orthopedic and trauma experts to enhance patient care by developing comprehensive guidelines on Closed Femoral Shaft Fractures, Open Tibial Shaft Fractures, and Closed Ankle Fractures.
- **Noting with concern** the limited Member States' recognition of the ECSA CHS affiliate professional colleges' trainees which delays their registration and practice.
- **Aware** of the impeding low female enrolment and graduation rate (21%) in ECSA-Colleges and the of importance of gender inclusivity, equality and empowerment towards achieving the Sustainable Development Goals and committed to accelerating gender equality in health status and health development through training, research, policies, and programs.
- **Mindful** of the need to improve the quality of physicians and Family Physicians through Public Health and Family Health training.
- **Noting** the efforts made by Public Health Physicians and Family Physicians towards establishing the ECSA Colleges of Public Health Physicians (ECSACOPHP) and Family Physicians (ECSAFHP).
- **Concerned** about the limited support provided to trainees in the form of scholarships, particularly to address the mismatch between the annual large number of applicants and the low enrolment rates in the various programs of the ECSA colleges' training due to trainees limited financial capacity.
- **Recalling**
  - **Resolutions 25/HMC/R4 (1996)** and **26/HMC/R2 (1997)** that called for the establishment of regional professional colleges for training of specialist health care workers.
  - **Resolution 40/HMC/R3 (2004)** that urges the defining of human resource needs and standards of staffing for the different levels of health service delivery; developing HRH policies and strategies, promote appropriate and innovative approaches to training of health professional; and retention of health professionals through improving the conditions of service.

- o **Resolution 42/HMC/R4(2006)** on Human Resources for Health that urged for the development of national systems of continuous professional development (CPD) that promote on-the- job and team-based training; Development of financial and non-financial strategies to encourage retention of health professionals; harmonization of curricula for training health professionals; Promote the establishment of centers of excellence for training of health professionals in the region.
- o **Resolution 62/HMC/R5 (2015)** on Innovations in Health Professional Training using the ECSA College of Health Sciences Model that recognised the contribution of the colleges and urged for the coordination and support towards establishment of professional colleges.
- o **Resolution 67/HMC/R1 (2018)** that urged for studies exploring linkage of Health Workforce to Labour Market Outcome; periodic review and update the staffing level and ratio per cadre per health service delivery level in line with the WHO workforce standard.
- o **Resolution 71/HMC/R2 (2023)** on Consolidating sustainable local solutions for Human Resources for Health that urged Member States to support qualified health workers, including providing scholarships to undertake specialist training and facilitate their proper placement upon completion; strengthen the HRH planning and policy by working closely with the respective ministries responsible for education and employment so that respective member states produces optimum numbers of health workers that can be absorbed into established streams, including public health service, private health services; and continue supporting the establishment of professional colleges affiliated to the ECSA College of Health Sciences.
- • **Noting** that progress has been made on the past resolutions, however gaps remain.
- • **Aware** that addressing these gaps requires full and accelerated implementation of past resolution.

Now therefore,

1. Approve the establishment of the ECSA College of Public Health Physicians under ECSA College of Health Sciences (ECSA-CHS).
2. Approve the establishment of the ECSA College of Family Physicians to operate under ECSA College of Health Sciences (ECSA-CHS).

Urges Member States to: -

1. Support the operationalisation of the ECSA-CHS to facilitate the full recognition of specialist disciplines qualifications by national accreditation authorities and ensure graduates are acknowledged and can practice within their respective countries and across the ECSA region.
2. Promote implementation of gender inclusion and mainstreaming in the training programmes and other ECSA-HC Capacity building programmes.

3. Develop and implement strategies for the absorption and retention of specialised Human Resources for Health (HRH).

Directs the Secretariat to: -

1. Support the member states to accelerate the process of harmonization of standards and guidelines for different colleges in the region, including the AO Alliance/COSECSA Orthopaedic and Trauma guidelines and standards to improve the quality of patient care.
2. Facilitate the engagement between Ministries of Health and Ministries of education and other relevant bodies towards the full recognition of the Collegiate training model at country level.
3. Develop a monitoring and evaluation framework and track progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R2: Health Financing to build resilient health systems

Preamble
- **Noting** the Abuja Declaration of (2001) which set a target of allocating at least 15 percent of the national budgets to improve health care.
- **Further noting** the 2017 estimates by WHO which states that At least 112 USD per capita, is the amount needed in lower middle-income countries (LMICs) for all services and interventions needed to achieve the health-related sustainable development goals (SDG3).
- **Concerned** with the slow progress by member states toward meeting the targets of the Abuja Declaration (2001) which set a target of allocating at least 15 percent of the national budgets to improve health care.
- **Further concerned**, with the low expenditure on health by member states which fall far below the 2018 World Bank estimates of 90 USD per capita per year that is needed for Universal Health Coverage.
- **Noting** of the existing financial barrier to accessing primary health care in the ECSA-HC member states including the catastrophic health expenditure by citizens in the region.
- **Aware** of the commitments and resolution by all UN member states and the 32nd Summit of the African Union in Addis Abba in 2019 that set ambitious targets including the attainment of Universal Health Coverage by 2030.
- **Cognizant** of limited of skilled human resource to perform economic analysis and modelling that would provide critical information to inform efforts towards the attainment of Universal Health Coverage.
- **Aware** of the pressure of climate change and other natural disasters on the cost of delivery of health services and note limited evidence to inform policy and decision- making.
- **Recalling**
  - **Resolution ECSA/HMC/42/R6 (2006):** Resource Mobilization; which urged member states to develop comprehensive national health financing strategies

encompassing enhanced public financing, social health insurance and community health financing.

- o **Resolution ECSA/HMC/44/R6 (2007):** Enhancing the Performance of Health Systems to Accelerate the Attainment of MDGs of 2007 which required countries to; Institutionalize National Health Accounts, conducting it biannually and allocate a budget line for its implementation and for the secretariate to evaluate Performance Based Financing models in the region, to feed into future PBF policies.
- o **Resolution ECSA/HMC/56/R4 (2012):** Health Financing and Equity in Maternal, Newborn and Child Health (MNCH), urging member states to consolidate approaches to health financing, organization and integration of services that achieve equitable allocation of human and financial resources to frontline and community health services for women and children.
- o **Resolution ECSA/HMC/62/R2 (2015):** Enhancing Universal Health Coverage through Innovations in Health Financing for Financial Risk Protection.
- o **Resolution ECSA/HMC/67/R2 (2018):** Priority Setting and Health Benefits Packages from the 67th HMC in 2018, Acknowledged that member states, needed to build resilient and responsive health systems for the attainment of universal health coverage; further, recognised that priority setting should lead to health improvements in the region as a matter of principle.

- **Recognising** the efforts by member states in enhancing financial protection by establishing and instituting health insurance schemes as well as efforts towards attaining Universal Health Coverage.
- **Noting** that the member states are not on track to attain the Universal Health Coverage by 2030

Now therefore,

Urges Member States to: -

1. Increase allocation of national budget on health to support health system strengthening and accelerate the efforts towards the attainment of Universal Health Coverage.
2. Develop a skilled workforce in health economics and financing to drive regional growth in health financing and ensure sustainable healthcare funding mechanisms.
3. Accelerate the implementation of the past resolutions on health financing, that aimed to strengthen health care systems and address the barriers to accessing primary health care.

Directs Secretariat to: -

1. Generate evidence on the health financing needs to prepare for and manage health-consequences of climate-related disasters and other sector-wide shocks.
2. Produce regional annual reports on health financing by ECSA-HC member states and actively track the progress towards the attainment of Universal Health Coverage in the region.
3. Support the member states to build skilled workforce in health economics and financing to drive national and regional growth in health financing.

4. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75ᵗʰ Health Ministers Conference.
5. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R3: Emerging and Re-emerging infectious diseases and health emergencies

Preamble

- **Aware** that the East, Central and Southern Africa region experiences frequent outbreaks of infectious diseases like cholera, measles, and viral haemorrhagic fevers, despite ongoing efforts to enhance preparedness and response through strategies like Integrated Disease Surveillance and Response (IDSR).
- **Noting** the crucial role that early detection and prompt notification of disease outbreaks/health emergencies plays in the effective management of infectious diseases and health emergencies and the significant benefits of integrating Community Health Workers (CHWs) into national disease surveillance systems to enhance early detection and reporting of emerging and re-emerging infectious diseases.
- **Appreciating** the advancements made in digital health technologies and their potential to significantly improve disease surveillance and early warning systems.
- **Aware** the Seventy-seventh World Health Assembly (WHA) in 2024 introduced significant amendments to the International Health Regulations (IHR) 2005 to enhance global preparedness and response to public health emergencies, drawing from lessons learned during the COVID-19 pandemic.

- **Recalling**
  - o **Resolution ECSA/HMC44/R10 (2007):** Control of Rift Valley Fever that urged the member states to strengthen their disease surveillance system to enhance early detection and control of zoonotic diseases outbreaks of public health importance.
  - o **Resolution ECSA/HMC62/R3 (2015):** Surveillance and Control of Emerging Health Conditions: Non-Communicable Diseases and Trauma that urges member states to strengthen disease surveillance and laboratory diagnostic capacities for NCDs to facilitate prevention, early detection and management of these conditions.
  - o **Resolution ECSA/HMC65/R2 (2018):** Mitigating the Impact of Emerging and re-emerging Diseases urging the Member States to enhance capacity for disease surveillance and emergency preparedness to effectively manage emergencies, outbreaks and other events of public health concern including community participation.
  - o **Resolution ECSA/HMC69/R6 (2020):** Tackling Emerging and Re-emerging Health Threats: A regional One Health Approach to Managing Recurrent Outbreaks that urges the member states to establish and/or strengthen event-based surveillance to enhance early detection of disease outbreaks.

- **Recognizing** that while preventive and response mechanisms are well-established in many countries in the region, the enhancement of detection capabilities remains a critical need.
- **Concerned** that gaps in preparedness and response to emerging and re-emerging public health threats still exist, and further investments are needed to build resilient systems that are epidemic ready.

Now therefore,

Urges the Member States to: -

1. Accelerate implementation of previous outstanding resolutions such as ECSA/HMC58/R3 (2014), ECSA/HMC62/R3 and ECSA/HMC69/R6 (2020).
2. Enhance early detection mechanisms through integration of Event-Based Surveillance (EBS) Systems into traditional disease surveillance systems (indicator-based surveillance) to create a comprehensive and responsive health surveillance network.
3. Enhance utilization digital platforms and mobile applications that allow for quick and easy reporting of health emergencies by CHWs and the public, to ensure a real-time data flow to health authorities.
4. Invest in resources to support interventions that build resilience for response to health emergencies including infrastructure and supplies.
5. Strengthen cross-border collaborations among countries in the region on emergency preparedness and response to epidemics and other events of public health concern as well as collaborative research.
6. Adopt the amendments to the International Health Regulations (IHR) 2005 to enhance global preparedness and response to public health emergencies.

Directs the Secretariat to: -

1. Enhance resource mobilization strategies and foster collaborations with other partners to support the Member States to implement the above resolution.
2. Collaborate with WHO and other partners to support the member states to adopt/adapt the amendments to the International Health Regulations (IHR) 2005 made at the WHA 2024.
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R4: Strengthening Implementation of National Action Plans on Antimicrobial Resistance (AMR)

Preamble

- **Recognizing** the significant burden AMR places on economic development, global health and food security.
- **Recognizing** the importance of strong political leadership, and governance structures at subnational, national, regional and global levels required to sustain a cohesive, all-inclusive government response across all sectors using a One health Approach.
- **Noting with concern** that there is inadequate financing provided by the member states for the sustainable implementation of interventions within the National Action Plan on AMR.
- **Underscoring** the critical need to establish robust and harmonized AMR surveillance and monitoring systems within countries and across the ECSA-HC region. While reiterating the need for enhanced data governance and sharing mechanisms to accurately track AMR trends and inform evidence-based interventions.
- **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.
- **Noting** effective infection prevention and control is fundamental in preventing the emergence and spread of AMR and saving lives. Reiterating the need to strengthen Infection control measures, vaccination, Water Sanitation and Hygiene infrastructure and reduction of effluent and waste discharge at all levels including the community is crucial to combat AMR.
- **Recognizing** that the misuse and overuse of antimicrobials in human health, agriculture, and veterinary sectors are primary drivers of AMR and the critical role of equitable access to effective antimicrobials and diagnostics in human and animal health for optimal diagnosis and treatment.
- **Appreciating** the global and regional commitments, strategies, and guidance from Member States Regarding Antimicrobial Resistance (AMR) and the highest-level commitment shown by Africa's Heads of State and Government to improve the health of Africans, including: -

  - The Global Action Plan on Antimicrobial Resistance (2015)
  - Agenda 2063, the Africa We Want
  - African Common Position on Antimicrobial Resistance Assembly/AU/Decl.3(XXXIII) Declaration (2020)
  - The Africa Health Strategy, 2016-2030
  - African Union Framework for Antimicrobial Resistance Control, 2020-2025
  - Political declaration of the High-Level Meeting of the UN General Assembly on AMR (2016)
  - National Action Plans on AMR for our Member States

- o International Health Regulations IHR (2005)

- **Recalling**
  - o **Resolution ECSA/HMC65/R2 (2018)** urging Member states to develop and/or strengthen multi- sectoral National Action Plans on AMR in line with the Global Action Plan.
  - o **Resolution ECSA/HMC69/R2 (2020)**: Opportunities for achieving Water, Sanitation and Hygiene (WASH) Global Health Targets that urged the member states to 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.
- **Noting** that progress has been made on the past resolutions in developing and implementing National Action Plans on AMR, however gaps remain.
- **Aware** that addressing these gaps requires full and accelerated implementation of past resolutions.

Now therefore,

Urges the Members States to: -

1. Mobilize and dedicate funding to support the implementation of National action plans on AMR across human, animal, plant and the environmental sectors and ensure engagement of private sector players.
2. Establish and/strengthen integrated, national surveillance systems to monitor antimicrobial resistance (AMR), antimicrobial use (AMU) and antimicrobial consumption (AMC) effectively, ensuring real-time data sharing and collaboration across all sectors.
3. Enhance implementation of infection prevention and control and biosecurity interventions across all sectors, including waste management and urge compliance to set standards for national and facility level infection prevention and control programs.
4. Strengthen enforcement of regulations and the promotion of best practices to ensure the access to quality and effective antimicrobials and diagnostics including enhancing awareness campaign to ensure community involvement in the AMR control strategies *(Lessons from Tanzania "Holela Holela" campaigns).*

Directs the Secretariat to: -

1. Harmonize strategies for AMR control to strengthen regional collaboration and evidence generation for action.
2. Enhance resource mobilization strategies and foster collaborations with other partners.
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R5: Reproductive, Maternal, Neonatal, Child and Adolescent Health

Preamble
- **Aware** of the importance of promoting early childhood development and child health and safety.
- **Cognisant** of the inconsistencies in existing child legislation and suboptimal community involvement in the health wellbeing and safety of the child.
- **Concerned** with the increased incidences of violence against children and the long-term consequences that threaten to undermine investments in children's health and well-being.
- **Mindful** of the growing problem of Violence Against Children (VAC), provision of sub-optimal Nurturing Care and slow implementation of Adolescent and Youth Sexual and Reproductive Health strategies.
- **Appreciative** of the collaborative efforts by ECSA-HC and its partners towards strengthening child protection and childcare initiatives in the region.
- **Understanding** the key role of the Ministries of Health in VAC, prevention and response.
- **Determined** to accelerate implementation of initiatives promoting Early childhood development and addressing Violence Against Children.
- **Inspired** by the upcoming convening of the first Global Ministerial Meeting on Preventing Violence Against Children and the interest of partners to support efforts to sustain the growing momentum towards elimination of Violence Against Children.
- **Recognizing** the critical need for the region to implement programmes to address Adolescent Health.
- **Recalling**
    - **Resolution ECSA/HMC52/R4 (2010):** Directing Member States to accelerate the implementation of the previous resolutions on Gender Based Violence and Child Sexual Abuse and to support Member States to implement the ECSA Regional Prototype Policy on Gender Based Violence and Child Sexual Abuse.
    - **Resolution ECSA/HMC/69/R3 (2020):** Directing Member States to strengthen the implementation of appropriate and comprehensive adolescent health and nutrition programmes with involvement of adolescents and young people; and to promote innovative platforms to increase access to information on adolescent health.
    - **Resolution ECSA/HMC71/R3 (2023):** Urging member states to advocate for the use of VAC data to inform and drive systems-based actions; integration of VAC Survey indicators into national surveys and data collection efforts; Strengthen capacity of frontline workers to screen and care for victims and survivors of childhood violence.
    - **Resolution ECSA/HMC71/R3 (2023):** Urging member states to review adolescent health policies to facilitate access to health services.

- **Appreciating** member states' efforts in addressing these challenges by adopting policies and guidance issued by the WHO on ending violence against children, adolescent and youth sexual and reproductive health and early childhood development.
- **Noting** the sub-optimal progress in implementation of the above-mentioned policies and guidelines

Now therefore,

Urges Member States to: -

1. Accelerate implementation of policies and strengthen surveillance systems for initiatives that address Violence Against Children (VAC) through deliberate allocation of funding and human resources.
2. Promote institutionalization, multisectoral involvement with defined leadership roles and increased financing to support implementation of the Nurturing Care Framework for Early Childhood Development.
3. Review and streamline child protection laws to ensure harmonization of legislation at all levels.
4. Enhance community involvement and partner collaboration on issues of Early Childhood Development and Violence Against Children.
5. Integrate and implement robust knowledge management systems as mechanisms for accelerated implementation of Adolescent and Youth Sexual and Reproductive Health policies.
6. Commit to regional and global Adolescent and Youth Sexual and Reproductive Health related commitments and integrate their components into national emergency preparedness and response plans to maintain service continuity.
7. Contribute to the preparations towards the ministerial conference on VAC in Bogotá, Colombia in November 2024.

Directs the Secretariat to: -

1. Document and disseminate the findings from the Global and Regional Landscape Analysis efforts, providing opportunities within for dialogue and exchange on best practices.
2. Provide support to Member States to prepare for the Global Ministerial Conference on VAC in Bogota, Colombia in November 2024.
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R6: Nutrition for promoting health and development

Preamble
- **Acknowledging** that malnutrition, in all its forms, including undernutrition, micronutrient deficiencies, overweight and obesity, not only affects people's health and wellbeing by impacting negatively on human physical and cognitive development, compromising the immune system, increasing susceptibility to communicable and noncommunicable diseases, restricting the attainment of human potential and reducing productivity, but also poses a high burden in the form of negative social and economic consequences to individuals, families, communities and States.
- **Mindful** that humanitarian crises throughout the world continue to multiply due to the impacts of conflict and climate change. Given this reality, it has become necessary for humanitarian and development actors to work with governments to support approaches that reduce humanitarian need by supporting longer term systems strengthening.
- **Recognizing** that nutrition issues go beyond the health sector hence the need for engagement of multisector stakeholders.
- **Reiterating** the need for adoption of evidence informed strategies and action for young children and adolescents to reduce various forms of malnutrition such as anemia, stunting, overweight and obesity.
- **Appreciating** the political leadership and collaboration in the fight against malnutrition with governments and private sector donors pledged more than US$27billion at the Tokyo Nutrition for Growth (N4G) Summit in 2021 to address the global malnutrition and hunger crisis.
- **Recalling**
  - **Resolutions CRHC/RHM30/R2 (1999)**: Urging member states to develop / review their nutrition policies and relevant legislation and to strengthen and harmonize their nutrition programmes and allocate adequate resources to nutrition programmes for the at-risk groups and at the same time to strengthen the capacity of nutrition service providers.
  - **Resolution ECSA/HMC46/R10 (2008)**: Nutrition Interventions for Promoting Health and Survival: Urging member states to immediately initiate steps towards advocating for and supporting efforts to incorporate nutrition into key national development policies such as those addressing poverty, HIV/AIDS, agriculture, trade and industry.
  - **Resolution ECSA/HMC48/R9 2009)**: Improving Maternal, Newborn and Child Health and Nutrition: Urged member states and directed the secretariat to implement previous ministerial resolutions on nutrition and MNCH.
  - **Resolution ECSA/HMC50/R7 (2010):** Maternal and Child Nutrition: Urging member states to raise the profile of nutrition and allocate adequate financial resources for implementation of programmes and directing the secretariat to develop and disseminate a regional strategy on food and nutrition security in line with the African Regional Nutrition Strategy.
  - **Resolution ECSA/HMC52/R6 (2010):** Prioritizing Nutrition Interventions: Urging member states to implement previous resolutions and directing the

secretariat to support Member States to implement those previous resolutions.

- o **Resolution ECSA/HMC56/R2 (2012):** Innovations for improving Quality of Care in Reproductive Health (RH), Maternal, New born and Child Health (MNCH), and Nutritional Interventions: Urging member states to accelerate implementation of previous Resolutions on RH/MNCH and Nutritional Interventions, especially the scale up of nutrition interventions and directing the secretariat to support Member States in the implementation of previous resolutions on MNCH and nutritional interventions, and report on progress in this regard at the next DJCC

- **Reaffirming** the Members States' commitment to accelerate progress towards International Conference on Nutrition (ICN2) framework of Action, UN Nutrition commitments, Nutrition for Growth.
- **Noting** that progress has been made in the Member States on developing and implementing nutrition programs and plans of action.
- **Despite** these efforts about 86 million children below five faces various forms of malnutrition in Africa. Further there has been modest and uneven progress in reducing malnutrition with limited attention and low budget allocation.

Now therefore,

Urges Member States to: -

1. Accelerate implementation of previous HMC Resolutions on Nutrition.
2. Domesticate, operationalize and track the Nutrition for Growth commitment for Africa to align and harmonize actions across sectors and stakeholders.
3. Strengthen multi-sectoral collaboration including the engagement of CSO to support on advocacy and investment for nutrition.
4. Adopt innovative ways to embrace flexible programming in addressing nutrition and food crises including humanitarian situations such as triple nexus model Humanitarian, Development and Peace.

Directs the Secretariat to: -
1. Facilitate the development of regional nutrition accountability scorecard that focuses on key selected indicators following a continuum of care.
2. Support Member States to implementation of the Nutrition for Growth initiatives
3. Facilitate South-South knowledge exchange, evidence generation and collaboration among the member states on the lessons for nutrition outcomes such as triple nexus model.
4. Support the integration of targeted adolescent nutrition initiatives into the existing SRH services that are gender inclusive at all levels.
5. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.

6. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R7: Non-Communicable diseases, injuries, mental health and Substance abuse

Preamble

- **Acknowledging** that Non-Communicable Diseases, such as diabetes, hypertension, cancer and chronic respiratory diseases as well as injuries are among the leading causes of morbidity and mortality in the region and globally.
- **Concerned** with the increasing rate of substance abuse, leading to high rates of mental health disorders and subsequently causing deaths (for example, harmful use of alcohol results in 3.3 million deaths each year globally, and ECSA region is not spared).
- **Noting** the efforts made by member states in addressing Non-Communicable Diseases, injuries, mental health disorders and substance abuse.
- **Recalling**
  - **Resolution ECSA/HMC65/R3 (2018)** on Multi-sectoral Responses to Non-Communicable Diseases urging member states to develop and accelerate implementation of multi-sectoral NCDs action plans and strategies and strengthen regulatory frameworks for proper delivery of services in relation to NCDs.
  - **Resolution ECSA/HM69/R5 (2020)** urging member states to develop and strengthen mental health policies and programmes to guide service delivery training and research; promote multi-sectoral approaches in combating substance use by engaging other sectors including education, agriculture, youth, trade and border control agencies.
- **Cognizant** that member states are at varying stages in addressing Non-Communicable Diseases, Mental Health, Injuries and substance abuse in the region;
- **Whereas** progress has been made in the Member States towards developing and implementing programmes and plans of action for prevention, control and management of Non-Communicable Diseases, injuries, substance abuse and Mental Health, more to be done.

Now therefore,

Urges the Member States to: -

1. Foster coordinated response at multisectoral level for the prevention, control and management of NCDs and include NCD Action as a key performance indicator in each Government Sector Performance Plan.
2. Prioritize mental health and adopt a holistic approach in addressing risk factors and drivers of mental health.

Directs the Secretariat to: -

1. Document NCDs and mental health policies, guidelines, protocols and facilitate knowledge management and sharing.
2. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
3. Support Member States to track implementation of the past NCDs, injuries, mental health and substance abuse resolutions.

ECSA/HMC73/R8: Mitigating the effects of climate change on health

Preamble

Climate change refers to long-term shifts in weather patterns and temperatures, primarily driven by human activities such as the burning of fossil fuels, deforestation, waste disposal, mining activities, intensive farming activities (crop protection products & fertilizers; cattle and sheep farming releasing large amounts of methane in their digestion), industrial processes among others.

Preamble
- **Noting** that climate change is not just an environmental issue but also a significant threat to public health and that it's impacts on health are complex and multifaceted, ranging from direct effects such as heat-related illnesses to indirect consequences like changes in disease patterns and food security.
- **Cognizant** of the far-reaching consequences for ecosystems, economies and human health as a result directly affects health through various pathways, including extreme weather events, heatwaves, air pollution, and changes in infectious disease patterns.
- **Concerned** that in the East, Central, and Southern Africa (ECSA) region, the impacts of climate change are already evident and are exacerbating existing health challenges with countries in this region facing frequent droughts, floods, cylones, heatwaves among others which contribute to food and water insecurity, increased vector-borne diseases, and heightened malnutrition rates.
- **Mindful** that there is inadequate data documenting the effects and impacts of climate change in African countries, leading to low levels of awareness and significant responses to build resilient systems to mitigate.
- **Acknowledging** the Global and regional resolutions and commitments in climatic change and health including among others: -
  - **World Health Assembly Resolutions: Resolution WHA61.19,** adopted in 2008, urged Member States to take action to protect health from climate change, including strengthening surveillance and response systems, integrating climate change adaptation into health policies, and promoting research on climate-related health impacts.
  - **The 2008 Libreville Declaration on Health and Environment in Africa**: to

establishing health and environment strategic alliance as a basis of joint action; developing or updating national, subnational and regional frameworks to effectively address the issue of environmental impacts on health through integration of policies, strategies, regulations and national development plans.

- o **The Paris Agreement:** Adopted in 2015 under the United Nations Framework Convention on Climate Change (UNFCCC) aimed to limit global warming as well as to strengthen resilience and reduce vulnerability to the adverse impacts of climate change, including those related to health.
- o **United Nations Sustainable Development Goals (SDGs):** The SDGs, adopted in 2015, include several targets related to climate change and health. SDG 3 focuses on ensuring healthy lives and promoting well-being for all ages, while SDG 13 calls for urgent action to combat climate change and its impacts.
- o **The African Union's Agenda 2063**: On of the key priority emphasizes on climate resilience and sustainable development to improve health outcomes on the continent.

- **Recognizing** that mitigating the effects of climate on health requires concerted efforts, regional collaboration and comprehensive policy action.
- **Aware** that there have not been specific resolutions passed in the past by the ECSA-HC Health Ministers Conference and that it is important to domesticate actions that contribute to the problem.

Now therefore,

Urges the Member States to: -

1. Invest in research to better understand the links between climate change and health outcomes and generate evidence to inform regional actions as well as support local technology and strengthen integration of existing knowledge and technology focused on innovative, relevant and climate responsive approaches.
2. Enhance Surveillance and Early Warning Systems by investing in surveillance systems to detect and monitor climate-sensitive diseases to provide timely information for preparedness and response.
3. Establish mechanisms for coordination between human and animal, environment, agriculture, and other relevant sectors to create integrated climate and health policies.
4. Employ a whole of government in engaging local communities in the development and implementation of climate adaptation strategies, ensuring that their knowledge and needs are integrated into policy decisions.
5. Build a healthy circular economy in food, waste and urban ecosystems by designing and planning innovative and incentive-based programs that reclaim urban spaces for urban agriculture.
6. Establish a 3R (reduce, recycle and reuse) waste management systems through community, private and state actor partnerships to improve access to quality health.
7. Harmonize local and national laws, policies and regulations by integrating and

institutionalizing relevant evidence, including health impact assessments to strengthen public health systems.

Directs the Secretariat to: -

1. Support the member states to develop metrics and implement health impact assessment to monitor the effectiveness of climate and health interventions and regularly report on progress.
2. Establish regional training and capacity building programs for addressing effects of climate change on health
3. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
4. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R9: Technology and Innovations in health

Preamble
- **Cognizant** that innovation and technology play a pivotal role in every aspect of the healthcare system—encompassing the generation of Electronic Medical Records (EMRs), digital education and learning, diagnostics, digital imaging, case management, patient referral throughout the continuum of care, adjudication of payer claims, and pre-certification services and the need for continuous capacity building in relation to emerging technologies.
- **Recognizing other commitments related to the resolution including** the following World Health Assembly resolutions: -
  - **Resolution 2007 (WHA60.29)** on health technology, which urged WHO Member States to expand expertise in the field of health technologies, particularly medical devices, and requested WHO to take specific actions to support Member States.
  - **Resolution 2014 (WHA67.23)** on health intervention and technology assessment in support of universal health coverage, which urges member states to consider establishing national systems for health intervention and technology assessment and encourages the systematic utilization of independent health intervention and technology assessment to inform policy decisions.
- **Recalling**
  - **Resolution ECSA/HMC/54/R6 (2011):** On Innovative uses of Health information technologies and system urging Member States to adapt and validate e-health technologies
- **Recognizing that** if these innovations and technologies are implemented effectively, they offer substantial potential for providing more accurate diagnosis, surveillance, monitoring of treatment and care, among other benefits and improved treatments.
- **Appreciating** the technological innovations that are used in the Member States including mobile health (mHealth) applications for disease surveillance and patient

management, electronic registers such as the Cross Border Referral System (CBRS), and digital health records (DHIS2), Next Generation Sequencing, self-care and Point-of-care diagnostics, among others.

- **Acknowledging that** ECSA Member States remain underserved, facing inadequate infrastructure for digital health, coupled with limited financing to develop and manage innovative technologies.
- **Underscoring** the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health, and equity, including gender equality, and addressing the lack of evidence on the impact of digital health in these respects.

Now therefore,

Urges Member States to:
1. Adapt and leverage technologies to improve access to health care services particularly to the vulnerable and hard to reach communities including primary health care facilities.
2. Mobilize resources enhancing digital infrastructure to support the deployment and scaling of health technologies across the region.
3. Adopt Artificial Intelligence (AI) and Machine learning to enhance diagnostic services, treatment protocols and disease prediction, surveillance and prevention technologies.
4. Enhance data sharing frameworks between member states to ensure the effective exchange of health data, thereby promoting disease surveillance, improved treatment continuity and public health outcomes.

Directs the Secretariat to: -
1. Establish a regional platform to support coordination and sharing of best and promising practices among Member States.
2. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
3. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R10: Sustaining the interventions for TB in the Mining Sector

Preamble

- **Aware** that the East Central and Southern Africa region is considered a high burden area for Tuberculosis (TB) infections with an elevated high burden in 9 of the Southern Africa countries falling among the 30 high burden countries in the World and the incidence of TB being 3-8 times among mineworkers and ex-mineworkers higher than

the general population. In addition, some member States are among the high drug resistance TB burdened countries.

- **Mindful of the** low domestic funding for TB by member states to implement critical high impact interventions especially TB in the mining sector.
- **Noting** the implementation of the 2012 Southern Africa Development Community (SADC) Declaration on TB in the Mines and the SADC Code of Conduct that guides Member States on implementation of the declaration.
- **Recognizing** that notable progress has been made towards eliminating TB in the mines, there remains gaps in addressing access to diagnostic services for TB and other occupational lung diseases as well as human rights and gender related barriers impacting access.
- **Realizing** the suboptimal integration of occupational health services into the public health care systems across the SADC region.
- **Aware** of the goodwill and commitment from member states in the region to tackle challenges posed by TB in mining.
- **Cognizant** of the fact that artisanal and small-scale mining activities are expanding in the SADC region thereby potentiating expansion of the burden of both TB and other occupational lung diseases.
- **Noting** that improved health status for the underserved populations and achieving health related SDGs requires co-operation across the region through a common regional approach.
- **Further Noting** the catalytic investment that supported the establishment of one-stop occupational health centres and brought services closer to the targeted population.
- **Concerned** that the above-mentioned occupational health service centres are no longer operational in most member states.

Now therefore,

Urges the Member States to: -

1. Support TB Cross-border collaborative initiatives by fast-tracking the implementation and use of the cross-border referral system for TB patients to the entire ECSA region and beyond.
2. Increase funding for the TB control including Drug resistant TB (DR-TB) response to sustain TIMS interventions through domestication of the Regional Operational Plans on TB in the mines and Mine Health and Safety Standard Operating Procedures.
3. Revamp, expand and sustain Occupational Health Service Centres across all member states to provide the much-needed TB and occupational health services.
4. Employ a human rights-based approach in the TB response by implementing the developed action plans and investing in community led monitoring to address TB and Occupational Health services.
5. Encourage the Global Fund, other international donor organisations and private sector to earmark funding to support a regional approach and collaboration in ending TB in the

mining sector to prevent regression in milestones achieved and accelerate the response towards eliminating TB.

6. Scale up measures for detection of TB in children including among others use of stool samples.
7. Strengthen the capacities for leprosy management including screening and diagnosis to facilitate early detection, treatment and care.

Directs the Secretariat to: -

1. Disseminate and share best practices within the region on ending TB in the mines
2. Support the member states to revitalize
3. Establish a regional Community of Practice for community led monitoring experts and other stakeholders to catalyse the wholistic TB response through community engagement.
4. Develop a monitoring and evaluation framework and track the progress of the implementation of the past resolutions and report during the 75th Health Ministers Conference.
5. Support Member States in the implementation of the above and the past resolutions.

ECSA/HMC73/R11: Expression of Gratitude to Partners of the ECSA Health Community

Preamble

- **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.
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 better health outcomes of the people in the region.

ECSA/HMC73/R12: Expression of Gratitude to the Government and People of the United Republic of Tanzania

Preamble

- **Humbled** by the readiness of the Government of the United Republic of Tanzania, through the Ministry of Health to host the 73rd Health Ministers Conference.
- **Recognizing the** excellent planning and preparation of this 73rd Health Ministers Conference.
- **Appreciative** of the warm hospitality and generosity extended by the Government and the people of the United Republic of Tanzania to Delegations of ECSA-HC, their partners, members of the secretariat and all participants of the 73rd Health Ministers Conference.

Now therefore,

1. Expresses profound gratitude to the Government and the people of the United Republic of Tanzania for hosting the 73rd Health Ministers Conference.
2. Reaffirms commitment with renewed vigour and a focus on innovation and accountability through multi-sectoral collaboration to achieve better health outcomes for the people in the region.