



NEWSLETTER

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Enhancing Health Security at the Zambia-Tanzania Border

A team of experts from Tanzania and Zambia conducted a critical exercise, aimed at Enhancing Health Security at the Tunduma-Nakonde Border through Risk Assessment and Contingency Planning. Focusing on the key border crossing between Zambia and Tanzania, the exercise was designed to bolster regional health systems against future public health threats and ran from October 6 to 16, 2025. Led by the East, Central and Southern Africa Health Community (ECSA-HC) and supported by the World Bank, the project focused on a Strategic Risk Assessment (SRA) and developing robust Multi-Hazard Public Health Emergency Contingency Plans.

The experts utilized the WHO ground crossing tool, identifying 20 cross-cutting public health hazards at the border, with nine classified as high-risk, underscoring the urgent need for action. The SRA recommendations prioritized enhancing cross-border coordination through real-time data sharing and mobilizing resources to address critical infrastructure gaps, such as isolation units. The initiative concluded with a high-level Joint Cross-Border Meeting in Nakonde, Zambia, on October 17-18, 2025. National, regional, and district officials, including the Heads of Delegation stressed the "sister district" relationship between Nakonde and Tunduma. ECSA-HC'i emphasized that "diseases know no boundaries," noting past successful collaboration, such as the joint administration of Oral Cholera Vaccines (OCV) during a Nakonde outbreak.

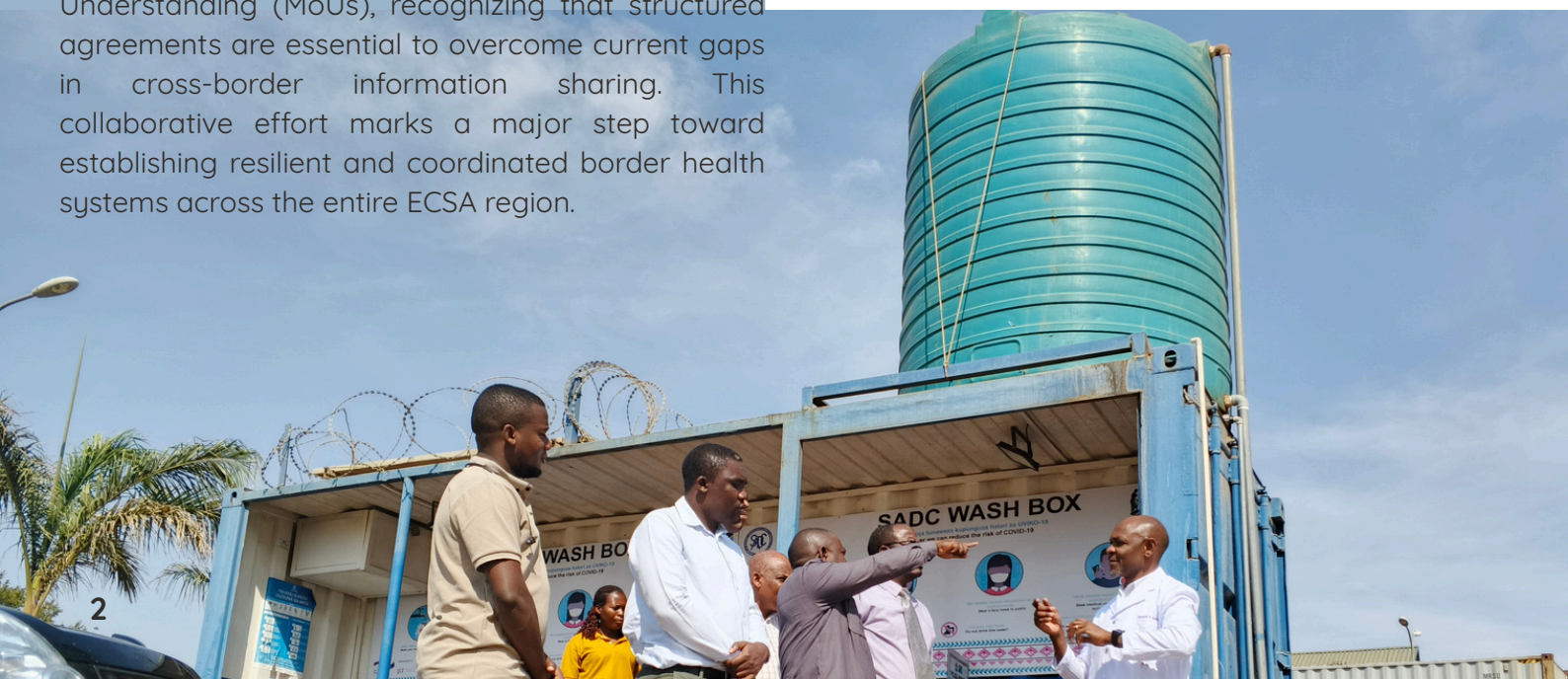
Developing A Public Health Contingency Plan

On October 13, 2025, experts in the cross-border meeting in Zambia to develop the Public Health Contingency Plan for the Tunduma and Nakonde points of entry. This activity is under the World Bank-funded MPA project implemented by ECSA-HC and IGAD.

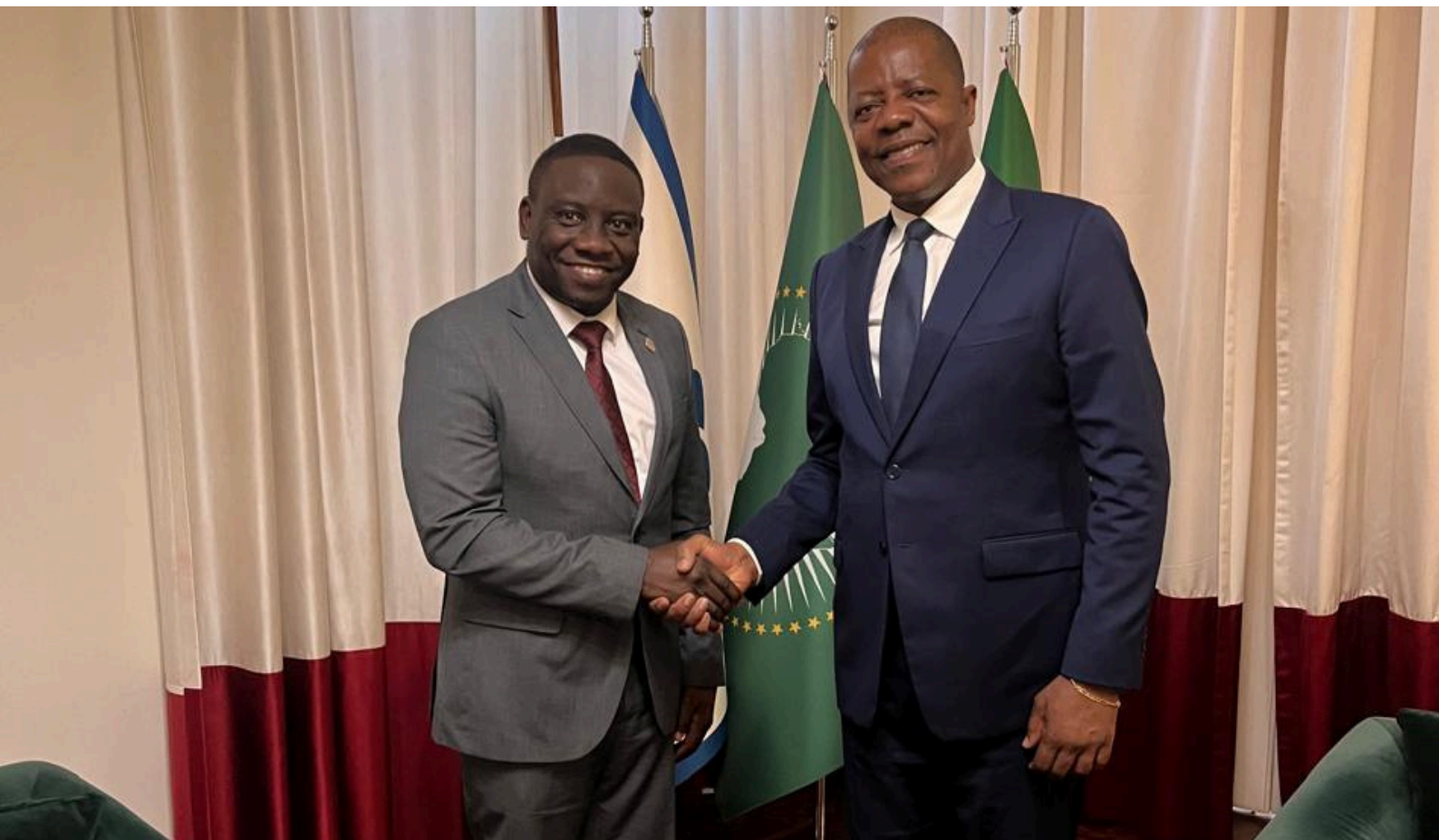


The meeting's objectives included disseminating SRA results, reviewing the status of threats like Mpox, Cholera, and Ebola preparedness, and developing a definitive Joint Cross-Border Action Plan. A major outcome was the agreement on six coordinated actions for cholera prevention and control. These include the installation of safe drinking water containers at high-traffic areas, rigorous enforcement of WASH (Water, Sanitation, and Hygiene) protocols at all crossing points, and joint training for Community-Based Volunteers and Health Care Workers to standardize response efforts. Participants also called on ECSA-HC to support the formalization of this commitment through the signing of Memoranda of Understanding (MoUs), recognizing that structured agreements are essential to overcome current gaps in cross-border information sharing. This collaborative effort marks a major step toward establishing resilient and coordinated border health systems across the entire ECSA region.

In response to concerns regarding challenges in information sharing and the multiplicity of existing frameworks, ECSA-HC acknowledged the issues while highlighting the critical need to recognize generational differences in communication. ECSA-HC noted that the younger generation operates in a distinct context, utilizing modern technologies and platforms that were unavailable to previous generations. The organization stressed that for effective collaboration and sustained interoperability, it is essential to adapt to these technological changes and leverage them to facilitate more fluid and consistent cross-border information exchange moving forward.



ECSA-HC Delegation Pays Courtesy Visit to the Prime Minister of São Tomé and Príncipe



A strong partnership for health security! ECSA-HC DG Dr. Ntuli A. Kapologwe (left) and Prime Minister Hon. Américo d'Oliveira dos Ramos discuss a shared vision for advancing health systems in São Tomé and Príncipe. This courtesy visit explored new avenues for ECSA-HC collaboration, including support for NCD management and mental health services.

The East, Central and Southern Africa Health Community (ECSA-HC) delegation, led by the Director General, Dr. Ntuli A. Kapologwe, paid a courtesy visit to the Honorable Prime Minister of the Democratic Republic of São Tomé and Príncipe, Hon. Américo d'Oliveira dos Ramos, and Hon. Dr. Ceslo Vaz do Nascimento Matos, Minister of Health.

This high-level engagement took place during the ECSA-HC mission to São Tomé and Príncipe, aimed at reviewing progress on the World Bank-funded Health Emergency Preparedness, Response and Resilience Project (AFE HEPRR MPA) and strengthening the collaboration between ECSA-HC and the Government of São Tomé and Príncipe.

During the brief but highly productive meeting, discussions focused on deepening partnerships and expanding cooperation in several key areas, including:

- Health security and emergency preparedness
- Prevention and control of non-communicable diseases (NCDs) and mental health
- Health governance and policy coordination
- Overall health system strengthening

The Prime Minister commended ECSA-HC's continued technical support and acknowledged the tangible progress achieved under the ongoing AFE HEPRR MPA Project, particularly in strengthening laboratory systems and national preparedness capacities.

In his remarks, the Director General reaffirmed ECSA-HC's commitment to supporting São Tomé and Príncipe in implementing sustainable and high-impact interventions that promote resilience, health security, and regional cooperation under the One Health approach.

São Tomé and Príncipe Achieves Major Lab Biosafety Milestone with ECSA-HC Support



Dr. Ntuli Kapologwe (ECSA-HC DG) (Right) and Dr. Celso Vaz do Nascimento Matos (STP Minister of Health) (left) launch São Tomé and Príncipe's first National Biosafety and Biosecurity Lab Manual.

The East, Central and Southern Africa Health Community (ECSA-HC) has successfully supported the Government of São Tomé and Príncipe in developing and launching the country's first National Biosafety and Biosecurity Laboratory Manual — a landmark achievement in strengthening national and regional health security.

The launch event, held in São Tomé on 17th September 2025, was officiated by the Honorable Minister of Health of São Tomé and Príncipe and graced by the Director General of ECSA-HC, symbolizing the shared national and regional commitment to advancing biosafety and biosecurity under the One Health approach.

From Concept to Launch — ECSA-HC's Comprehensive Technical Support

ECSA-HC has been at the forefront of this process from the very beginning, providing sustained technical leadership and coordination to ensure national ownership and regional alignment.

The journey began with an ECSA-HC-led Biosafety and Biosecurity Training of Trainers (ToT), which brought together professionals from the human health, animal health, and environmental sectors under a One Health approach. This foundational training built national capacity and produced a cadre of qualified master trainers equipped with the knowledge and tools to promote safe laboratory practices across the country.

Building on this investment, ECSA-HC engaged these master trainers to spearhead the development of the National Biosafety and Biosecurity Laboratory Manual, guiding the process from concept development, drafting, and validation, through to the final launch.

This end-to-end approach ensured that the manual is both technically sound and contextually relevant, aligning with:

- International Health Regulations (IHR 2005)
- Africa CDC Biosafety and Biosecurity Framework
- WHO laboratory biosafety standards and the STAR tool outcomes

The manual provides practical guidance for laboratory professionals, setting out clear standards, procedures, and safety protocols to:

- Minimize biosafety and biosecurity risks
- Protect laboratory staff, the community, and the environment
- Promote a culture of accountability and continuous improvement
- Strengthen national preparedness and resilience against public health threats

This achievement forms part of ECSA-HC's wider technical support to countries under the World Bank-funded Health Emergency Preparedness, Response and Resilience (HEPRR) Project (MPA).

Through this initiative, ECSA-HC continues to assist Member States in developing national frameworks, enhancing laboratory safety, and building sustainable systems for emergency preparedness and response.

A Collective Achievement

The successful development and launch of the manual reflects strong collaboration between the Ministry of Health of São Tomé and Príncipe, ECSA-HC, and the World Bank, alongside the dedication of the trained master trainers and laboratory professionals who contributed their expertise.

“This milestone showcases how local capacity and regional collaboration can deliver lasting impact in strengthening health security,” said the Director General of ECSA-HC during the launch ceremony. ECSA-HC remains committed to supporting all its Member States in developing and implementing sustainable biosafety and biosecurity systems that enhance safety, preparedness, and resilience across the region.



Spotlight on Continental Mechanism for Cholera Elimination in Africa



Dr. Tina Chisenga, ECSA-HC Acting Director of Programs, opens the Regional Expert Consultation on Cholera in Livingstone, Zambia that opened on October 20. ECSA-HC is driving the shift towards a sustained, resilient strategy to meet the 2030 elimination targets.

Cholera has persisted across the African Region, threatening the stability of families and national economies, eroding trust in public systems and draining the scarce resources that could otherwise fuel development. When a single outbreak can claim lives, halt commerce, and force families into crippling poverty through healthcare costs and lost productivity, the economic and human toll is immense. The staggering figures—nearly 200,000 cases reported across 17 WHO African Region Member States in 2023, followed by another 140,000 by mid-2025 with a case fatality rate hovering around two percent—underscores the critical urgency of a coordinated, continental response to eliminate this preventable scourge.

Given the situation, the East, Central and Southern Africa Health Community (ECSAHC) played a key role in driving discussions toward a more coordinated and resilient systems for the region during the recent Regional Expert Consultation Meeting on Cholera Prevention and Control which took place in Livingstone, Zambia. As a co-sponsor and active participant, the intergovernmental health organization commitment to transforming the current reactive approach into a sustained, resilience-focused strategy. ECSA-HC, through its experts, contributed in framing the dialogue, focusing on the systemic changes required to meet the ambitious 2030 global elimination targets for cholera.

A key function of ECSA-HC was its facilitation of crucial discussions, specifically focusing on the creation of a much-needed continental coordination mechanism. On the first day of the meeting, an ECSAHC representative led a facilitated discussion on this mechanism, setting the stage for delegates to contribute their needs and perspectives on a unified approach.

This initiative was directly linked to the broader goal of fostering a shared sense of responsibility and leveraging continental resources and expertise against the disease.

This facilitative role extended into the second day, where the organization again guided breakout groups. The focus of these sessions was highly technical and strategic: identifying the specific, actionable barriers hindering progress towards the 2030 cholera elimination targets.

Furthermore, the organization drove efforts to enhance multisectoral coordination and collaboration. Cholera elimination is fundamentally dependent on Water, Sanitation, and Hygiene (WASH) infrastructure—a challenge that requires collaboration between Ministries of Health, Water, and Finance, making ECSAHC's effort to bridge these sectors an essential step toward sustainable control.

ECSAHC's strategic engagement is rooted in its ongoing operational experience through the Health Emergency Preparedness, Response and Resilience (HEPRR) programme. This programme, funded by the World Bank and executed in partnership with the Intergovernmental Authority on Development (IGAD), provides the practical foundation for its policy positions.

Through HEPRR, the organization has already established stronger cross-border surveillance systems, enhanced regional public health emergency operations, and fostered regional learning among practitioners. This experience provides the concrete evidence base and a collaborative model that ECSAHC brought to the consultation table.

The approach aligns with a comprehensive Conceptual Framework for Cholera Elimination, which pivots on four core pillars: Prevent (through improved WASH and hygiene), Protect (through the strategic use of the Oral Cholera Vaccine, or OCV), Detect (by strengthening surveillance and laboratory networks), and Respond (via rapid case management and Case-Area Targeted Interventions). Underlying this framework are critical enablers, including strong governance, sustainable financing, robust data systems, and enhanced climate resilience, all of which demand the type of multisectoral coordination championed by ECSAHC during the meeting.

By advocating for the revitalization of coordination structures, the exploration of innovative financing mechanisms like a dedicated Cholera Fund for Africa, and the acceleration of cross-border collaboration, ECSAHC is actively working to ensure that the Global Task Force on Cholera Control Roadmap is translated into measurable, regional achievements. The organization's active participation, from the opening to its final representation in the Closing Ceremony, underscored its determination to turn collective commitments into a shared African achievement: a future free from the threat of cholera.



The PHC Approach: Integrating NCDs and Mental Health Care in Africa



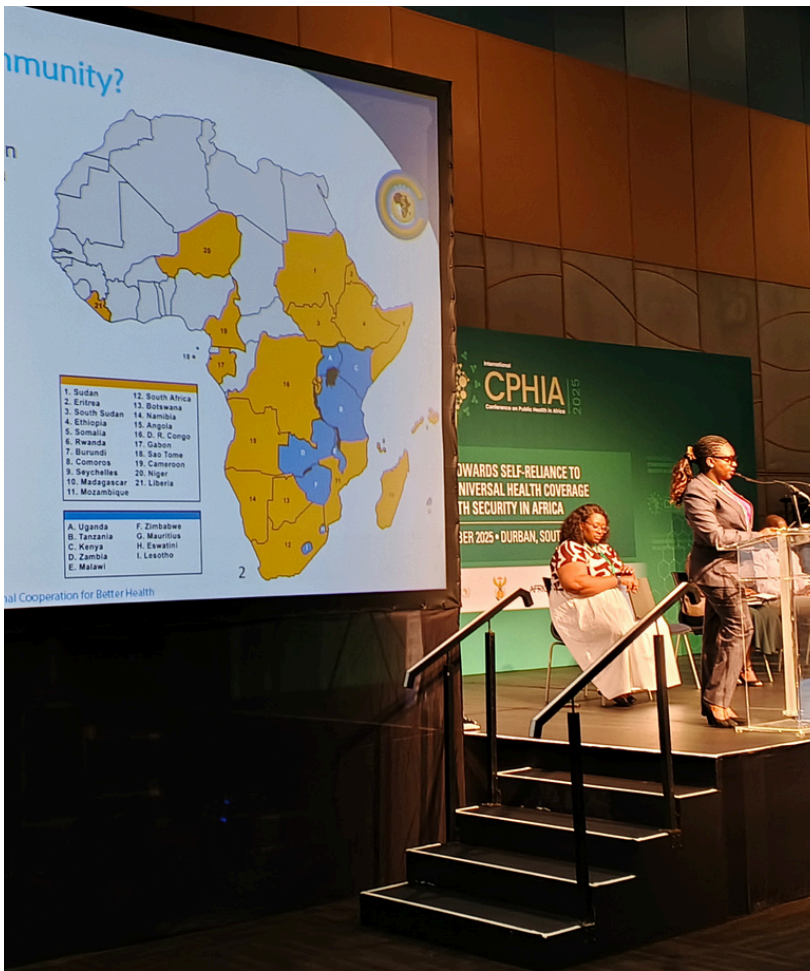
Ms. Doreen Marandu, Senior Program Officer for NCDs, Food Security, and Nutrition, highlights ECSA-HC's approach to NCDs and Mental Health at CPHIA 2025. ECSA-HC is committed to integrating these services to tackle Africa's dual burden effectively.

The East, Central and Southern Africa Health Community (ECSAHC) highlighted its comprehensive strategy for addressing Africa's dual burden of disease, outlining its approach to tackling Noncommunicable Diseases (NCDs) and Mental Health, during the 4th International Conference on Public Health in Africa (CPHIA 2025) in Durban, South Africa. The approach centres on the critical word: "Integration."

This vision—addressed under the sub-theme: Prioritizing public health and revitalising primary health care with a health system approach for integrated noncommunicable diseases (NCDs) & mental health prevention and control: Advancing equity, resilience and multisectoral action in Africa—was presented during a side event co-organised with the Health Systems Trust and the World Health Organization (WHO) at the 4th International Conference on Public Health in Africa (CPHIA 2025) in Durban, South Africa. The approach centres on the critical word: "Integration."

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To operationalize these efforts, ECSA-HC, in collaboration with the Ministry of Health of Tanzania, the World Health Organization (WHO), Africa CDC, UNICEF, the Red Cross, and counterparts from Uganda and Burundi, convened a series of bilateral cross-border surveillance meetings from February 10-16, 2025.



ECSAHC's Senior Program Officer for the NCDs, Food Security and Nutrition Cluster, Ms. Doreen Marandu, spearheaded the discussion, highlighting the urgency of the matter. With NCDs now responsible for over a third of deaths and 37% of premature mortality across the continent, she underscored the necessity of a system-wide shift.

She detailed ECSAHC's commitment through key pillars: emphasizing the prevention of primary causes with deep cultural relevance, pushing for community empowerment and provider accountability, and strategically addressing multimorbidity by integrating NCDs and mental health into the existing fight against infectious diseases, with a specific focus on vulnerable groups. This regional cooperation is supported through the World Bank-funded AFE Health Emergency Preparedness, Response and Resilience (HEPPR) program, with ECSA HC supporting the NCDs component together with IGAD.

The core of the strategy involves a concerted effort to strengthen policy and governance for NCDs, promote health systems integration, and foster robust multi-sectoral and community engagement. Recognizing that individuals living with NCDs are exceptionally vulnerable during health crises—from conflicts to pandemics—the new integrated approach seeks to build greater resilience and accelerate progress toward Universal Health Coverage (UHC). The long-term vision is a region where NCDs are effectively prevented, controlled, and managed through equitable, people-centered, and integrated care. This commitment is particularly vital given the rising prevalence of hypertension, diabetes, and cancers, fueled by rapid urbanization and lifestyle changes.

A crucial element to make this vision sustainable is innovative health financing. ECSAHC is actively advocating for dedicated funding mechanisms, including the ring-fencing of 'Sin taxes' collected from tobacco, alcohol, and sugary beverages to directly finance NCD programs.

The strategy calls for integrating NCD funding into national health budgets and UHC frameworks, while promoting multisectoral investments and Public-Private Partnerships (PPPs) to support affordable care packages. As NCDs have been declared a Public Health Crisis in the region, ECSAHC's presentation served as a clear call to action for Member States, partners, and communities to align their efforts and leverage existing opportunities, such as strong Primary Health Care platforms and digital health solutions, to address this growing regional threat.

Regional Unity Against Cross-Border Health Threats



The outbreak of Marburg Virus Disease (MVD) in Biharamulo District, Kagera Region, prompted the Government of the United Republic of Tanzania to declare a public health alert in January 2025. Kagera region is known for its high mobility of people and goods, with strong connectivity to neighboring countries including Uganda, Burundi, Rwanda, the Democratic Republic of Congo (DRC), and Kenya. This connectivity poses a significant risk for cross-border disease transmission.

Recognizing the urgent need for collaborative disease surveillance and response, the East, Central and Southern Africa Health Community (ECSA-HC), through the World Bank-funded Health Emergency Preparedness, Response, and Resilience (HEPRR) Project, partnered with national, regional, and international health agencies to strengthen cross-border coordination efforts and contain the potential spread of the disease

To operationalize these efforts, ECSA-HC, in collaboration with the Ministry of Health of Tanzania, the World Health Organization (WHO), Africa CDC, UNICEF, the Red Cross, and counterparts from Uganda and Burundi, convened a series of bilateral cross-border surveillance meetings from February 10–16, 2025.

Cross-Border Collaboration to Combat Marburg and other health threats in Eastern Africa

The cross-border meetings strengthened Eastern Africa's unity by having key stakeholders refine emergency plans, update SOPs, address gaps in screening and isolation, and reinforce a One Health approach at borders.



These meetings were held at high-risk and strategic Points of Entry (PoEs), specifically at the Kabanga-Kobero border between Tanzania and Burundi, and at Mutukula on the Tanzania-Uganda border. The meetings provided a vital platform for joint planning, experience sharing, and harmonization of health security strategies.

The overarching goal of these engagements was to reinforce regional cooperation in the prevention, preparedness, and response to Marburg, Ebola, and other emerging cross-border health threats. The initiative drew heavily from lessons learned during recent outbreaks and adhered closely to the provisions of the International Health Regulations (IHR 2005), particularly in relation to public health surveillance, risk communication, and emergency response.

The cross-border meetings brought together a diverse group of stakeholders, including border health officials, regional and district medical officers, Port Health staff, and members of Border Management Committees (BMCs). These participants engaged in a mix of tabletop simulation exercises and technical workshops designed to evaluate their readiness and refine emergency response procedures.

During the sessions, participants reviewed and updated the Public Health Emergency Contingency Plans (PHECPs) for the respective Points of Entry—Kabanga, Kobero, and Mutukula. These plans are crucial for guiding actions during health emergencies and ensuring a coordinated response across borders. In addition to updating the plans, the teams worked collaboratively to identify and address critical gaps in several areas, including disease screening procedures, the availability of case definitions for infectious diseases, the adequacy of isolation infrastructure, and the effectiveness of cross-border standard operating procedures (SOPs).

One significant highlight from the sessions was the renewed commitment to the One Health approach. Delegates emphasized the need for dedicated isolation units for both human and animal health cases, acknowledging the close links between animal and human disease transmission. Participants also gained deeper insight into the mechanisms for activating and de-escalating contingency plans, as well as protocols for providing traveler advisories based on disease-specific threats. Furthermore, the meeting concluded with a consensus to map and engage community health workers (CHWs) to strengthen surveillance in porous border areas where formal control measures may be limited.

BEST PRACTICES OBSERVED, LEARNED AND KEY OUTPUTS

One of the most encouraging outcomes of the cross-border meetings was the high level of engagement and teamwork demonstrated by participants. During scenario-based drills, teams worked cohesively reading, analyzing, and responding to simulated situations as unified groups. This collaborative spirit reinforced the importance of coordinated action during real-life outbreaks.

Many participants also showed strong familiarity with the existing contingency plans and the key principles of the IHR (2005), especially in relation to response protocols and resource allocation. This demonstrated a solid foundation upon which further capacity-building can be built.

The simulation exercises were particularly effective because they presented realistic and context-specific public health emergency scenarios. These scenarios allowed participants to critically reflect on their roles and responsibilities, as well as highlight potential weaknesses in current practices.

OUTPUT 1

Revised and Enhanced Public Health Emergency Contingency Plans (PHECPs)

OUTPUT 2

Development of Joint Cross-Border Action Plans

OUTPUT 3

Improved Understanding of Case Detection Protocols (including the use of RING cards)

OUTPUT 4

Heightened Sense of Preparedness Among Border Health Teams

WHAT IT MEANS

Emergency plans updated to specifically address Marburg Virus Disease (MVD) and Ebola risks, ensuring the health crisis response is current and effective against severe regional threats.

Participants created specific, shared roadmaps detailing coordinated action for neighboring countries at Points of Entry during an outbreak, ensuring a unified and harmonized response instead of separate national efforts.

Border health teams were trained on proper procedures for identifying suspected infectious disease cases and effectively using RING cards—a rapid, visual tool for quickly assessing the necessary severity and type of response—to ensure faster isolation and reporting.

The integration of updated plans, joint training, and clarified roles significantly boosted the confidence, knowledge, and readiness of health security personnel at Points of Entry, improving their psychological and functional preparedness to implement plans effectively during a real crisis.

ECSA-HC Undertakes Baseline Assessment for the HEPRR-MPA Project in Malawi

The AFE Health Emergency Preparedness, Response and Resilience (HEPRR) is a Regional Project whose objective is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Eastern and Southern Africa. The AFE HEPRR MPA Program was approved by the World Bank's Board of Executive Directors on September 29, 2023, for an original envelope of US\$1 billion. As of February 2025, a total of 8 countries and 2 regional entities have been approved under the Program. These are the regional entities ECSA-HC and IGAD, and countries are Burundi, DRC, Ethiopia, Kenya, Malawi, Rwanda, Sao Tome and Principe [STP], and Zambia). Additional Financing of US\$500 million was approved in March 2024, paving the way for the inclusion of additional countries in subsequent phases of the Program (each new country is a separate project under the MPA).

Rationale for the Baseline Assessment in Malawi

Conducting the baseline assessment for the program in Malawi served as a critical foundation for understanding and identifying needs, informing planning and decision-making, and guiding interventions to strengthen emergency preparedness and response capabilities in the countries. By understanding the current state of preparedness and establishing baseline for the project indicators, work towards building more resilient and responsive public health systems that protect the health and well-being of all individuals and communities.



The Regional HEPRR-Program was officially launched in May 2024, countries have been joining the program in phases, phase 1 included; Federal Democratic Republic of Ethiopia, Republic of Kenya, Republic of Sao Tome and Principe, East, Central and Southern Africa Health Community (ECSA-HC) and Intergovernmental Authority on Development (IGAD), while phase II & III involved Burundi and Democratic Republic of Congo, phase IV Rwanda, phase V & VI Zambia and Malawi.

The assessment involved gathering data to understand the current state of emergency preparedness, identify strengths and weaknesses. Similar assessment has already been conducted in other MPA countries, Burundi, Kenya, Ethiopia, Sao Tome and Principe and Rwanda. The technical team from ECSA-HC also reviewed the Malawi 2025-26 annual work plan to ensure that it is aligned to the Malawi results areas, including PDO indicators.

BROAD OBJECTIVE

The primary objective was to understand the current state of the emergency preparedness, identify strengths and weaknesses, and assessing the functionality or capacity of the M&E system and make recommendations on how to improve it.



SPECIFIC OBJECTIVES

OBJECTIVE 1

Identify if new information was available for the baseline years and flag any proposed changes for both the Regional results framework and country results framework and benchmarks to measure progress and evaluate the impact of interventions over time

OBJECTIVE 2

Update the achievement/value for each indicator for year 1, agree on milestones to be reached every year set project annual operational targets for regional results framework and country results framework indicators.

OBJECTIVE 3

Establish the process and timeline for reporting results to ECSA which aggregates across countries and runs the M&E CoP.

OBJECTIVE 4

Identify if new information was available for the baseline years and flag any proposed changes for both the Regional results framework and country results framework and benchmarks to measure progress and evaluate the impact of interventions over time

OBJECTIVE 5

Identifying strengths, weaknesses, gaps, and opportunities for improvement in emergency preparedness policies, plans, systems, and capabilities in the countries.

OBJECTIVE 6

Review the Malawi 2025-26 annual work plan to ensure that it is aligned to the Malawi results areas, including PDO indicators and also aligned with ECSA-HC and IGAD work plans.

Who were the participants?

Representatives from the key sectors were involved in project implementation and others resource persons identified by the ministries of health participated in this exercise; these included; Project coordinator/representative, Project M&E focal person, Representative from the National Emergency Operation Center (EOC), Representative from the National Public Health Institute/Emergency Preparedness and Response Unit, Representative from the Surveillance Unit, Representative from the Port Health Unit, Representative from the National Public Health Laboratory, National AMR focal person, Representative from Animal Health (Zoonotic disease unit), Representative from field epidemiology and laboratory training program, Representatives from the Environmental health, Environmental laboratory focal person, National IDSR focal person, NCDs and Mental Health, Environment and Climate, Malawi FDA, National Disease surveillance, Risk Communication, Representative from the National Health Management Information System. Representatives from East, Central and Southern Africa Health Community (ECSA-HC) and Intergovernmental Authority on Development (IGAD).

Methodology

The baseline assessment employed a mixed-methods approach, combining quantitative and qualitative data collection methods. Key methods used included

1. Desk Review of existing documentation, policies, guidelines, plans, Joint External Evaluation (JEE) reports or State Party Annual Review (SPAR) reports, and data related to public health emergency preparedness response and resilience, collate and synthesize existing data, reports, and literature relevant to the project regional and country results framework indicators and also identify existing gaps in health emergency preparedness response
2. Key informant interviews with experts and representatives from relevant sectors in the country that are involved in emergency preparedness and response, disaster management, disease surveillance, emergency operation center (EOC), environmental health, AMR and Laboratory Experts in the country to obtain detailed and context-specific insights from these individuals with expert knowledge or experience. This will help to complement and validate findings from the desk review with qualitative data.
3. Focus group discussion with technical experts in each component

The Outcomes of the Assessment

The following were the outcomes of the baseline assessment in Malawi:

1. The assessors were able to identify and document new information/data that were used to update the baselines and established the actual baseline for the indicators in the regional and country results framework
2. Established annual operational targets for monitoring annual progress towards achieving the end targets of the project as was set in the PAD
3. The assessors conducted capacity building on project indicators to the project team in Malawi to harmonize the understanding of the indicators to facilitate reporting
4. Baseline report highlighting the strengths, weaknesses, gaps, and opportunities for improvement in emergency preparedness policies, plans, systems, and capabilities in the countries
5. Supported the review of the Malawi 2025-26 annual work plan to ensure that it is aligned to the Malawi results areas, including PDO indicators and also aligned with ECSA-HC and IGAD work plans.

Strategic Risk Assessment for Ethiopia's Key Entry Points



Public health measures at Points of Entry (PoE) play a critical role in protecting populations from cross-border health risks, including the spread of infectious diseases and other threats to health security. In line with the International Health Regulations (IHR, 2005), PoE are defined as places “where travelers, baggage, cargo, containers, conveyances, goods, postal parcels, and human remains/ash enter or exit a country, as well as agencies and areas providing services to them.” Ensuring that PoEs meet the minimum IHR core capacities is crucial for early detection, timely notification, and rapid response to potential Public Health Emergencies of International Concern (PHEIC).

Bole International Airport (BIA), located in Addis Ababa, is Ethiopia's primary air gateway, handling millions of international passengers annually and serving as a major hub for Africa.

Kurmuk, a significant ground crossing on Ethiopia's border with South Sudan, facilitates cross-border trade and movement of people in a high-risk zone for various diseases and emergencies.

It's in this regard that ECSA-HC through the Health Emergency Preparedness Response and Resilience Project supported the Ethiopia Public Health Institute (EPHI) to conduct strategic risk assessment for BIA and Kurmuk ground crossing and also development of the Multihazard Public Health Contingency Plan for the two Points of Entry in compliance with IHR 2005. This was a continuation of similar support provided to assess and develop contingency plan for the Moyale ground crossing.

The EPHI appreciated the support and expertise offered by ECSA-HC and looks forward to a fruitful partnership that enhances Ethiopia's public health infrastructure and fosters greater cross-border collaboration. The lessons learned and tools developed will serve as a cornerstone for ongoing improvements and expansion to other PoEs, ultimately strengthening Ethiopia's health security framework.

ECSA-HC Supports Development of Regional Guidance for Implementing Antimicrobial Stewardship in Animal Health



Recognizing the critical need for harmonized regional strategies, the ECSA Health Development Community (ECSA-HC) through the World Bank funded Health Emergency and Preparedness Response and Resilience Program supported the development of Regional Guidance for Implementing Antimicrobial Stewardship (AMS) in Animal Health. A Consultative workshop bringing together 6 countries Burundi, Ethiopia, Kenya, Malawi, Rwanda and Zambia with representatives from both Human and Animal health from governments, academia, international organizations represented by ReAct Africa, FAO and WHO, was held in Lusaka, Zambia from the 31st March to 4th April 2025.

The meeting was presided over by the Director General, Zambia National Public Health Institute Dr. Roma Chilenga. This is a crucial step in strengthening AMR containment efforts in the region. By promoting responsible antimicrobial use, improving surveillance systems, and enhancing policy coordination, this guidance will contribute to sustainable animal health practices and food security while safeguarding public health through the reduction of AMR

The FAO Country Representative for Zambia, Ms. Suze Filippini lauded the effort and mentioned that the guidance collaboratively developed and implemented will support countries to strengthen policies, regulations, and best practices to ensure the prudent use of antimicrobials in livestock, aquaculture, and companion animals, through a harmonized approach for AMS implementation across the countries.



ECSCA-HC Supports Zambia in Advancing Emergency Preparedness Through Strategic Baseline Evaluation



The East, Central and Southern Africa Health Community (ECSA-HC) has undertaken a comprehensive baseline assessment in Zambia as part of the AFE Health Emergency Preparedness, Response, and Resilience Multi-Phase Programmatic Approach (HEPRR-MPA) project.

This regional initiative, supported by the World Bank, aims to strengthen health system resilience and enhance multisectoral preparedness and response to health emergencies across Eastern and Southern Africa.

Approved in September 2023 with an initial funding envelope of US\$1 billion—later increased by US\$500 million in March 2024—the program currently includes eight countries and two regional bodies: Burundi, the Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Rwanda, São Tomé and Príncipe, Zambia, ECSA-HC, and the Intergovernmental Authority on Development (IGAD). Zambia joined during the fifth and sixth phases of the program’s rollout, following the official launch in May 2024.

The methodology

The methodology employed a mixed-methods approach, including desk reviews of relevant national policies, guidelines, and reports such as the Joint External Evaluation (JEE) and State Party Annual Report (SPAR). Key informant interviews and focus group discussions were conducted with technical experts and representatives from sectors involved in emergency response, surveillance, environmental health, laboratory systems, and more.

Participants

A wide range of stakeholders, including EOC, NPHI, AMR, and animal/environmental experts, joined regional partners (ECSA-HC, IGAD) for the assessment. The objectives were to verify baseline data, set operational targets, establish results reporting, and align Zambia’s 2025–2026 work plan with national, regional, and PDO indicators.

The baseline assessment in Zambia served as Key outcomes from the assessment included the successful identification and documentation of new baseline data, alignment of operational targets with the project's overall goals, and capacity-building sessions to ensure uniform understanding of project indicators among national stakeholders.

Additionally, the assessment produced a detailed report outlining Zambia's preparedness strengths, weaknesses, and opportunities for improvement. Importantly, the Zambia work plan was reviewed to align with the broader regional strategies set forth by ECSCA-HC and IGAD. This baseline assessment marks a crucial step toward building a more resilient and responsive health system in Zambia, capable of effectively managing future health emergencies.

Speaking in a speech read on his behalf by Ministry of Health Director for Public Health Dr. Matilda Simpungwe during the official launch of the Baseline Assessment for the project in Zambia, Permanent Secretary for Donor Coordination, Dr. George Sinyangwe, emphasized that the assessment marks a significant milestone in enhancing Zambia's ability to respond effectively to future health crises.



Strengthening Africa's Response to AMR and IPC: Regional Community of Practice Annual Meeting in Lusaka, Zambia



The ECSA Health Community, in collaboration with the World Bank, Africa CDC, WHO, FAO, WOAHA, and ReAct Africa, has convened a high-impact Community of Practice (CoP) Annual Meeting on Antimicrobial Resistance (AMR) and Infection Prevention and Control (IPC) in Lusaka, Zambia. This pivotal three-day workshop has brought together AMR focal points, IPC coordinators, academia, and key regional and global partners to validate essential guidance documents, share best practices, and strengthen cross-sector collaboration across human, animal, and environmental health sectors. The meeting's broader purpose is to align regional action with the One Health approach and established global AMR frameworks, fostering a united front against the urgent threat of antimicrobial resistance across the region.

A core set of Key Objectives drives the meeting's agenda, starting with the validation of three crucial regional guidance documents. These are a Pre-service Training Curriculum Guide on AMR & IPC for the education of future professionals; a Surveillance and Prevention Protocol for Healthcare-Associated Infections (HAIs),

and Multidrug-Resistant Organisms (MDROs) to improve patient safety; and a specialized Handbook on Antimicrobial Stewardship (AMS) focused on Animal Health to encourage responsible use in that sector.

Beyond validation, participants are working to co-create country-level adaptation and implementation roadmaps to ensure the practical application of these guides. The event also specifically aims to foster peer learning across countries and promote a coordinated regional response that is fully integrated with the One Health approach and wider global AMR frameworks.



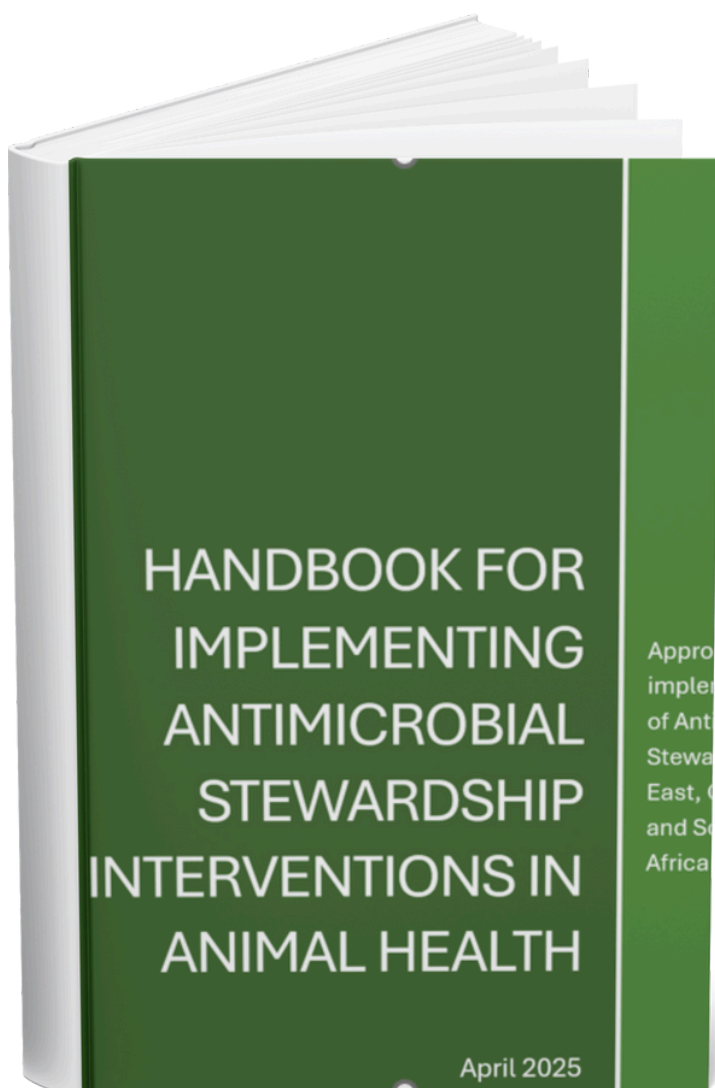
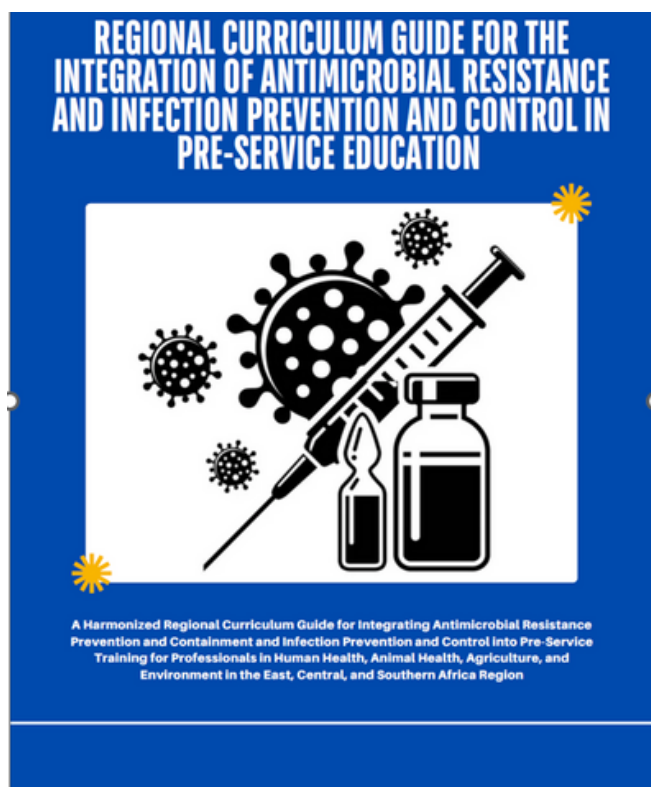
This CoP Annual Meeting is the direct result of extensive technical collaboration and is designed to tackle priorities previously established during the 2024 CoP session. These defined priorities have driven the current focus areas of the meeting, ensuring that the work is relevant and action-oriented for the region. The key focus areas include clearly defining priority Multidrug-Resistant Organisms (MDROs) to focus surveillance efforts, developing training curricula to build workforce capacity, and establishing Healthcare-Associated Infection (HAI) surveillance systems to monitor infection trends.

Furthermore, the meeting is concentrated on promoting antimicrobial stewardship in both human and animal health sectors to encourage responsible antibiotic use, as well as contextualizing WHO's AMR research agenda to make it applicable and impactful within the region's specific needs and contexts.

Moreover, the significance of this workshop extends beyond its immediate three-day duration, as it also serves to set the stage for a Community of Practice side event that will take place during the ReAct Africa Conference scheduled for 11-12 June.

This subsequent event provides a crucial platform where the outcomes, validated documents, and success stories generated during this CoP meeting will be shared widely with AMR stakeholders across Africa.

This continuous cycle of planning, action, and dissemination is vital, as the partners are explicitly working toward creating a resilient, united, and proactive response to the threat of AMR, ensuring protection for both people and the planet



São Tomé and Príncipe: Comprehensive Simulation-Based Review Enhancing Emergency Preparedness and Building Resilience



In April, 2025, the Ministry of Health (MoH) of São Tomé and Príncipe, in collaboration with technical experts from East, Central, and Southern Africa Health Community (ECSA-HC), reviewed the Public Health Emergency Operations (PHEOC) Manual and National Health Emergency Response Operations Plan (NHEROP). The technical team also finalized the PHEOC Business Continuity Plan (BCP). This initiative was financially supported by the Health Emergency Preparedness, Response and Resilience Project (HEPRR) Project. During the workshop, the PHEOC Manager and National Rapid Response Team (NRRT) participated in simulation exercises to validate the operational feasibility of the BCP and effectiveness of PHEOC Manual and NHEROP.

Additionally, the national stakeholders were trained on the design, planning, execution, and evaluation of simulation exercises, strengthening sustainable preparedness assessment approaches. Ultimately, this activity marked significant milestones in strengthening the Sao Tome and Principe's ability to manage and respond effectively to public health threats.



Purpose and Strategic Focus

The overarching goal of the workshop was to strengthen São Tomé and Príncipe's emergency response infrastructure. This was achieved through a structured and participatory process involving document review, capacity building, and simulation exercises. Specific objectives included validating the operational plans, finalizing the BCP, and equipping national stakeholders with practical skills in designing and executing simulation exercises.

Phased Implementation Review to Real-World Readiness

Phase I: Capacity Building through Simulation Training (April 14–17, 2025) National stakeholders were trained on how to plan and implement simulation exercises (SimEx). Participants explored the full spectrum of simulations from tabletop to full-scale exercises and learned how to develop scenarios, injects, and evaluation criteria. The goal was to build internal capacity for practical, sustainable, and effective preparedness testing.

Phase2: Capacity Building through Simulation Training (April 14–17, 2025) National stakeholders were trained on how to plan and implement simulation exercises (SimEx). Participants explored the full spectrum of simulations from tabletop to full-scale exercises and learned how to develop scenarios, injects, and evaluation criteria. The goal was to build internal capacity for practical, sustainable, and effective preparedness testing.

Phase3: Full-Scale Simulation Exercise (April 18, 2025) A high-stakes simulation mimicked a large-scale outbreak compounded by internal disruptions like ICT failure. The exercise tested the implementation of the PHEOC Manual, BCP, and NHEROP under real-time constraints. The scenario evaluated inter-agency coordination, emergency staffing, and logistics mobilization. A structured After-Action Review (AAR) followed, offering feedback and identifying performance gaps.

KEY ACHIEVEMENTS

Key deliverables included finalized and validated versions of the PHEOC Manual, NHEROP, and BCP. In addition, 26 participants were successfully trained in emergency coordination and SimEx design. The simulation exercise reinforced practical application of strategic frameworks, enhancing real-world readiness.

ACHIEVEMENT 1

High Engagement from National Leadership and Technical Experts

Active commitment from key decision-makers and subject matter experts ensured that all plans and training were relevant, authoritative, and supported at the highest levels.

ACHIEVEMENT 2

Practical Testing of Plans Enhanced Credibility and Stakeholder Ownership

The simulation exercise provided tangible proof of the plans' feasibility, building confidence in the system and driving commitment from all involved stakeholders.

ACHIEVEMENT 3

Validation of Critical Systems like Communication, Logistics, and Coordination

The SimEx successfully tested and verified the operational readiness of essential, interconnected components necessary for an effective emergency response.

LESSONS LEARNT & RECOMMENDATIONS

Simulation-based training proved to be an essential tool in validating emergency preparedness plans and promoting ownership among key stakeholders. The workshop emphasized the need for sustained multi-sectoral collaboration, regular simulation testing, and dynamic updates to preparedness documents.

Institutionalize simulation exercises by conducting at least one quarterly, involving more stakeholders and response staff at all levels in simulation design, emergency coordination, and resource management

Integrate the PHEOC Business Continuity Plan into national emergency planning to align with broader emergency management policies and strategies.

Review and update the PHEOC Manual, NHEROP, and BCP regularly to incorporate lessons learned and address emerging threats.

Establish clear monitoring and evaluation indicators to track the implementation and effectiveness of emergency preparedness frameworks.

Strengthen cross-sectoral collaboration by facilitating inter-sectoral coordination in emergency preparedness and response planning



Rwanda Conducts Second Joint External Evaluation to Bolster Health Security



In May 2025, the East, Central, and Southern Africa Health Community (ECSA-HC), through the Health Emergency Preparedness Response and Resilience Project in collaboration with the World Health Organization (WHO) supported the Government of Rwanda to complete its second Joint External Evaluation (JEE) of core capacities under the International Health Regulations (IHR 2005). Building on its initial JEE conducted in 2017, this voluntary external assessment measured Rwanda's progress across prevention, detection, response, and enabling functions, using the third edition of the JEE tool.

Strong Political Commitment and Institutional Foundation

The evaluation underscored Rwanda's steadfast political will and considerable strides toward strengthening national and global public health security. Coordinated by the Rwanda Biomedical Centre (RBC), Rwanda's emergency preparedness framework is well-structured, with a designated National IHR Focal Point and focal persons across multiple sectors.

Supportive entities like the Health Intelligence Centre (HIC) and the Rwanda Health Communication Centre (RHCC) play key roles in data analytics and risk communication. Rwanda also boasts a robust electronic surveillance system, combining event-based (e-EBS) and indicator-based (e-IDSR) reporting from the national to community levels. This system is powered by the engagement of Community Health Workers (CHWs) and Community Animal Health Workers (CHAWs), enabling early detection and response across sectors.

Progress in Preparedness, Immunization, and Laboratory Capacity

Rwanda's high-performing immunization program continues to be a model of success, maintaining strong national and subnational coverage with support from a well-maintained cold chain infrastructure. In the area of preparedness, the country has conducted risk and readiness assessments in the last two years, feeding into national emergency response strategies. Diagnostic capacity is available in both the human and animal health sectors, though gaps remain at subnational levels and in biosafety infrastructure

Strengthening Legal Frameworks and Strategic Planning

Significant progress has been made in policy development, including the endorsement of a national One Health Policy and the drafting of strategic frameworks that support IHR implementation. However, certain key documents—such as the Public Health Act, Guidelines for Continuity of Essential Services, and Points of Entry (PoE) Response Protocols—are still pending finalization.

Collaboration with international and regional partners remains central to Rwanda’s IHR journey, especially in areas of detection, surveillance, and emergency response. Engagement with security forces during public health emergencies is commendable, but formal coordination mechanisms like Memoranda of Understanding (MoUs) are needed to ensure consistent multisectoral collaboration.

Community Engagement and Risk Communication

The evaluation praised Rwanda’s approach to risk communication and community engagement, which features a 24/7 infodemic management system, backed by CHWs and youth volunteers across the country. These efforts have strengthened public trust and improved health literacy during outbreaks and emergencies.

Toward Resilient and Sustainable Health Systems

The 2025 JEE marked a critical milestone in Rwanda’s journey toward a more resilient and responsive health system, aligned with the goals of the IHR (2005). By addressing the gaps and sustaining momentum, Rwanda stands well-positioned to lead in regional health security and serve as a model of multisectoral collaboration and preparedness.

Key Recommendations for Advancing IHR Implementation

To build on its achievements, Rwanda has been encouraged to:

- Establish a functional One Health Multisectoral Coordination Mechanism with a clear mandate and operating structure.
- Expand surveillance systems to include electronic community-based surveillance (eCBS) and ensure interoperability across public and private sector data platforms.
- Set up a fully operational Public Health Emergency Operations Centre (PHEOC) with permanent staffing and dedicated resources.
- Create a national poison information center and strengthen infection prevention and control (IPC) across all health system levels.
- Increase human resource capacity in all sectors related to IHR implementation.
- Develop a Public Health Emergency Contingency Fund, allocate traceable budget lines for IHR activities, and integrate IHR into national health and development plans

Strengthening Border Health Security in São Tomé and Príncipe through IHR Core Capacity Assessment



In a significant step toward enhancing global health security, East, Central and Southern Africa Health Community (ECSA-HC) under the World Bank supported Health Emergency Preparedness Response and Resilience Program in collaboration with the Ministry of Health of São Tomé and Príncipe, and the World Health Organization (WHO), is conducting a first ever comprehensive assessment of IHR core capacities at four key Points of Entry (PoEs) in São Tomé, and Príncipe.

This initiative aligns with the requirements of the International Health Regulations (IHR 2005), a global legal framework aimed at preventing, detecting, and responding to public health risks and emergencies of international concern. The assessment targets Ana Chaves Port, Lembá Port, and Nuno Xavier Airport on São Tomé Island, and the Port and Airport of Santo António on Príncipe Island.

Learning from the COVID-19 Pandemic

The COVID-19 pandemic underscored the critical role of border health systems and highlighted existing gaps in emergency preparedness and response. The planned assessment responds to these lessons, aiming to improve risk-based decision-making, enhance coordination across sectors, and strengthen international cooperation in public health at the border

Objectives of the Assessment

The assessment will:

- Evaluate core capacities and identify existing gaps at designated PoEs.
- Inform the development of a national action plan to address gaps and improve early warning and response systems.

The assessment will be conducted in three phases:

- Orientation and tool harmonization: Adapting the WHO assessment tool for local use.
- Field assessment: Site visits, stakeholder interviews, and document reviews at four PoEs.
- Data management and reporting: Analyzing results and drafting a national action plan based on identified gaps.

Expected outcomes

A standardized WHO checklist will be utilized to guide the entire process, with a focus on key requirements for coordination, communication of event information and adoption of measures, as well as the core capacities needed during routine periods and in response to public health emergencies of international concern. Health officials, port authorities, immigration and customs officers, agriculture and veterinary services, police, and other stakeholders will participate in this multi-sectoral effort. The assessment team includes public health specialists and epidemiologists from the Ministry of Health, ECSA-HC, and WHO.

By the end of the mission, Ministry of Health with support from ECSA-HC will:

- Establish the status of IHR core capacities at PoEs in Sao Tome and Principe.
- Develop the national action plan to address gaps and improve early warning and response systems.
- Set the foundation for sustainable improvements in border health security.

ECSA-HC reaffirms its commitment to support the countries enhance their global health security and preparedness, ensuring that the borders remain resilient against future health threats.



Advancing laboratory quality systems in São Tomé and Príncipe: laying the groundwork for accreditation

Medical laboratories are central to public health functions such as disease detection, surveillance, and outbreak response. However, in São Tomé and Príncipe, limited exposure to structured quality systems has hindered the consistent delivery of reliable and timely laboratory results. This challenge undermines clinical decision-making and emergency response efforts. To bridge this gap, the East, Central and Southern Africa Health Community (ECSA-HC) and the Ministry of Health launched a capacity-building initiative to orient and train local laboratory professionals on internationally accepted quality frameworks.

In April 2025, ECSA-HC conducted a two-week orientation and training program focused on Quality Management Systems (QMS) and the ISO 15189:2024 (Portuguese Standard). The initiative was supported under the World Bank-funded Health Emergency Preparedness, Response and Resilience (HEPRR) Program for Eastern and Southern Africa (AFE).

The main objectives of the program were:

- To raise awareness among senior health leadership on the strategic importance of QMS and laboratory accreditation;
- To provide introductory knowledge of QMS principles to laboratory staff;
- To deliver technical training on the interpretation and application of the NP EN ISO 15189:2024 standard;
- To set the foundation for future accreditation efforts;
- To strengthen national capacity for sustainable laboratory quality improvements.



The program took place from April 7-18, 2025, in São Tomé and was delivered through in-person sessions. It combined theoretical instruction, group discussions, and practical exercises. A team of ECSA-HC facilitators guided the sessions, which targeted laboratory professionals across clinical, livestock, environmental, and public health sectors.

The two-week structure included:

- Week 1: A high-level meeting with Ministry of Health officials and two separate two-day orientation sessions for 42 laboratory professionals on QMS fundamentals;
- Week 2: A four-day intensive training for 22 selected participants focused on the ISO 15189:2024 standard, with special emphasis on its practical implementation and changes from previous versions.

Key Deliverables

The activity yielded the following outputs:

- Awareness raised among 42 laboratory professionals on QMS and the ISO 15189 framework;
- Technical training of 22 staff on the application of NP EN ISO 15189:2024;
- Development of a draft implementation plan for QMS in local laboratories;
- Strengthened collaboration between the Ministry of Health and ECSA-HC in the field of laboratory systems strengthening.

Next Steps

The training concluded with recommendations aimed at ensuring sustainability:

- Ministry of Health: Establish a technical working group to lead the QMS implementation and integrate quality systems into national strategic plans. Support for mentorship and internal audits is essential.
- Laboratories: Apply and share the knowledge gained, promote team involvement, and initiate quality improvement processes.
- ECSA-HC and partners: Continue technical support through mentorship and advanced training modules.

Burundi launches national External Quality Assessment Program for HIV testing



Reliable laboratory diagnostics are essential for effective disease surveillance, outbreak response, and patient care. However, Burundi has long lacked a national EQA program to verify, identify errors, improve quality, and maintain comparability of results across different laboratories.

This gap posed risks to the credibility of test results, limited corrective action on errors, and compromised public health interventions. To address this, ECSA-HC partnered with the National Institute of Health (INS) of Mozambique and Burundi's National Reference Laboratory (NRL) to introduce the Dried Tube Specimen (DTS) method – an innovative and cost-effective alternative developed by the CDC for use in resource-limited settings. The DTS approach is widely validated and ideal for national scale-up of HIV testing quality control.

This initiative, supported by the World Bank-funded Health Emergency Preparedness, Response and Resilience Program (HEPRRP) and coordinated by the East, Central and Southern Africa Health Community (ECSA-HC), is the first of its kind in the country and focuses on enhancing the accuracy and reliability of HIV serological testing

The training aimed to equip Burundi's NRL team with the skills and tools necessary to:

- Prepare, validate, and distribute EQA panels using the DTS method;
- Understand quality control measures and communication protocols for proficiency testing;
- Develop standard operating procedures (SOPs);
- Begin aligning the national program with ISO 17043:2023 standards for EQA providers.

Methodology

Held from May 12–22, 2025, the training brought together eight NRL professionals, including heads of the serology, virology, and tuberculosis labs. The sessions combined theory with hands-on practical exercises, including:

- Real-time preparation of HIV DTS panels;
- Development of SOPs and an implementation roadmap;
- Group problem-solving and mentoring.

Key Deliverables

This first phase of Burundi's national EQA program resulted in:

- The successful training of eight laboratory professionals in the DTS methodology;
- The creation of a technical working group for EQA oversight;
- Development of draft SOPs and a detailed implementation plan;
- Completion of a pilot batch of HIV serology DTS panels.
- Pre- and post-training assessments demonstrated a significant knowledge gain among participants, reflecting the effectiveness of the hands-on training model.

The roadmap for Burundi's National EQA Program—a significant milestone aligning the system with ISO 17043 standards and using the DTS method for HIV testing—includes finalizing SOPs/forms, repeating the pilot with real-time feedback, establishing the national EQA coordination group, a benchmarking visit to Mozambique's INS, and launching the first official EQA round by October 2025 (with certification by December), all supported by ECSA-HC to build a sustainable, accredited quality assurance program.

São Tomé and Príncipe: First-Ever Training of Trainers and Manual Development Builds National Biosafety and Biosecurity Capacity



In a transformative step toward national health security, São Tomé and Príncipe conducted its first Training of Trainers (ToT) in Biosafety and Biosecurity (BSBS) and developed its inaugural National Laboratory Biosafety and Biosecurity Manual in June 2025. This two-phase intervention was coordinated by the Ministry of Health with support from the East, Central and Southern Africa Health Community (ECSA-HC) under the World Bank-funded HEPRR MPA Project for Eastern and Southern Africa (AFE).

Findings from the country's 2019 Joint External Evaluation (JEE) exposed significant gaps in biosafety and biosecurity systems across the human, animal, and agriculture sectors, including the absence of training programs and regulatory frameworks. With no national guidance in place, São Tomé and Príncipe lacked the necessary tools to manage biological risks effectively. To respond to these challenges, ECSA-HC deployed a comprehensive capacity-building program using the internationally recognized Global Biorisk Management Curriculum (GBRMC) to certify trainers from key sectors and engaged them in drafting a national manual aligned with international standards.

The initiative was structured with clear objectives to significantly bolster national capacity in biosafety and biosecurity (BSBS). The primary aims were to create a national pool of certified trainers proficient in both the technical and pedagogical skills needed to facilitate future trainings, thereby ensuring the sustainability of the program. A crucial goal involved establishing a multisectoral technical committee for national coordination to embed One Health principles into practice. Finally, a major deliverable was the development and validation of a National Laboratory Biosafety and Biosecurity Manual explicitly aligned with global standards, providing a crucial, locally relevant resource.

The two-phase project trained 14 certified national trainers from five sectors (health, vet, environment, education, security) between June 16–21. These trainers then drafted the National Laboratory Biosafety and Biosecurity Manual (June 23–27) with ECSA-HC support. This initiative, marked by positive feedback and the two key deliverables, is moving to Next Steps: ECSA-HC will help adapt training, establish the oversight committee, validate the manual, develop an action plan, and create the legal framework to fully operationalize BSBS across the country.

Advancing Regional Health Security: ECSA-HC's Digital Health Innovations Strengthen Surveillance and Response Capacities

In a significant step toward bolstering public health emergency preparedness and response capabilities in East, Central, and Southern Africa, the Eastern, Central, and Southern Africa Health Community (ECSA-HC) continues to make groundbreaking strides through the deployment and expansion of digital health tools. Under the Health Emergency Preparedness, Response, and Resilience (HEPRR) project, ECSA-HC is supporting regional information systems for health emergencies (HEs) and broader digitalization initiatives in the health sector. A cornerstone of ECSA-HC's digital health efforts has been the digital Point-of-Entry (PoE) screening tool, initially developed and successfully implemented in Rwanda. From September 2024 to May 2025, this innovative tool screened over a million travelers, providing robust surveillance and significantly enhancing regional capacity to identify and mitigate public health threats early. The system consistently processed increasing volumes—from just under 95,000 screenings per month in the initial months to peaks exceeding 125,000 during high travel periods—demonstrating substantial uptake and sustained operational effectiveness.



POE Health Screening

Republic of Rwanda

Username

Password

LOGIN

Critically, the platform facilitated the timely identification and reporting of more than 100 public health events requiring detailed assessment and management. This capability underscores its crucial role in safeguarding public health by facilitating early detection and rapid response, crucial elements in preventing regional disease outbreaks.

Building upon this success, ECSA-HC has initiated Phase 2 of the PoE digital tool development. This next phase emphasizes national integration, system optimization, and broader functional applicability, aiming to align closely with country-specific public health frameworks and enhance interoperability across borders.

Moreover, recognizing the need for regional harmonization, ECSA-HC is expanding the PoE screening tool to additional countries, including Burundi, Malawi, and São Tomé and Príncipe (STP). This expansion aims to foster seamless regional collaboration, data interoperability, and coordinated responses to health emergencies, aligning regional surveillance systems with international health security standards.

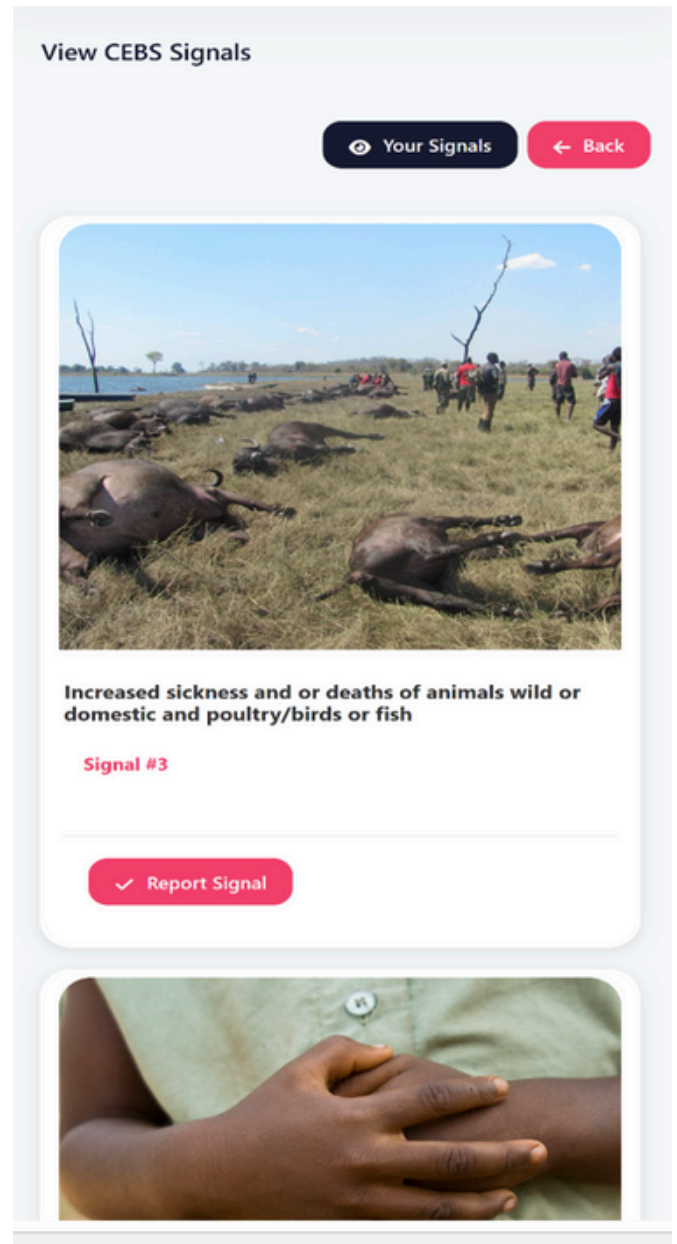
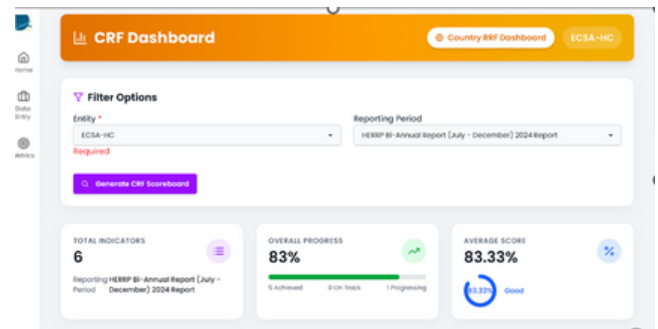
ECSA-HC has also successfully rolled out a regional digital Multiphase Programmatic Approach (MPA) project reporting tool, conducting comprehensive training sessions across all participating countries. Continuous technical assistance ensures that the tool is adapted to unique country contexts, operational needs, and regularly updated, thus ensuring robust reporting and efficient tracking of health indicators across the region.

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In Zambia, ECSA-HC’s digital Evidence-Based Surveillance (EBS) tool developed by ECSA-HC has significantly enhanced the country’s ability to detect and respond to outbreaks in their early stages, and is now undergoing further scaling and enhancement. By leveraging digital technology, Zambia has effectively demonstrated the critical role of real-time surveillance data in managing health threats promptly and efficiently.

Further advancing the digital health landscape, ECSA-HC is developing a digital Strengthening Laboratory Improvement Process Towards Accreditation (SLIPTA) tool aimed at enhancing laboratory quality management and diagnostic capacities region-wide. This tool promises to facilitate adherence to international laboratory standards, improving diagnostic accuracy, and ensuring laboratory readiness during health emergencies.

ECSA-HC’s sustained commitment to digital health transformation continues to strengthen regional multisectoral surveillance, enhance laboratory performance, and ultimately secure public health resilience across East, Central, and Southern Africa. These innovations demonstrate a visionary approach toward digital health, establishing the region as a global exemplar in public health emergency preparedness and response.



Building Regional Expertise in Health Security: ECSCA-HC and WHO Train JEE Technical Leads



In a strategic effort to bolster health security across the region, the East, Central and Southern Africa Health Community (ECSA-HC), in collaboration with the World Health Organization (WHO) and the Intergovernmental Authority on Development (IGAD), hosted a regional training in 2025 aimed at strengthening the capacity of Joint External Evaluation (JEE) technical leads and writers.

The JEE is a key voluntary component under the International Health Regulations (IHR 2005) framework. It helps countries assess their abilities to prevent, detect, and respond to public health threats—whether natural, accidental, or intentional. By facilitating structured evaluations, countries can benchmark their health security capacities, identify gaps, and mobilize support for strategic improvements.

Training Purpose and Objectives

The two-and-a-half-day training focused on equipping participants with the technical, managerial, and leadership competencies required to effectively lead a JEE mission. Participants learned how to guide multi-sectoral teams through the planning, implementation, and reporting phases of the JEE process.

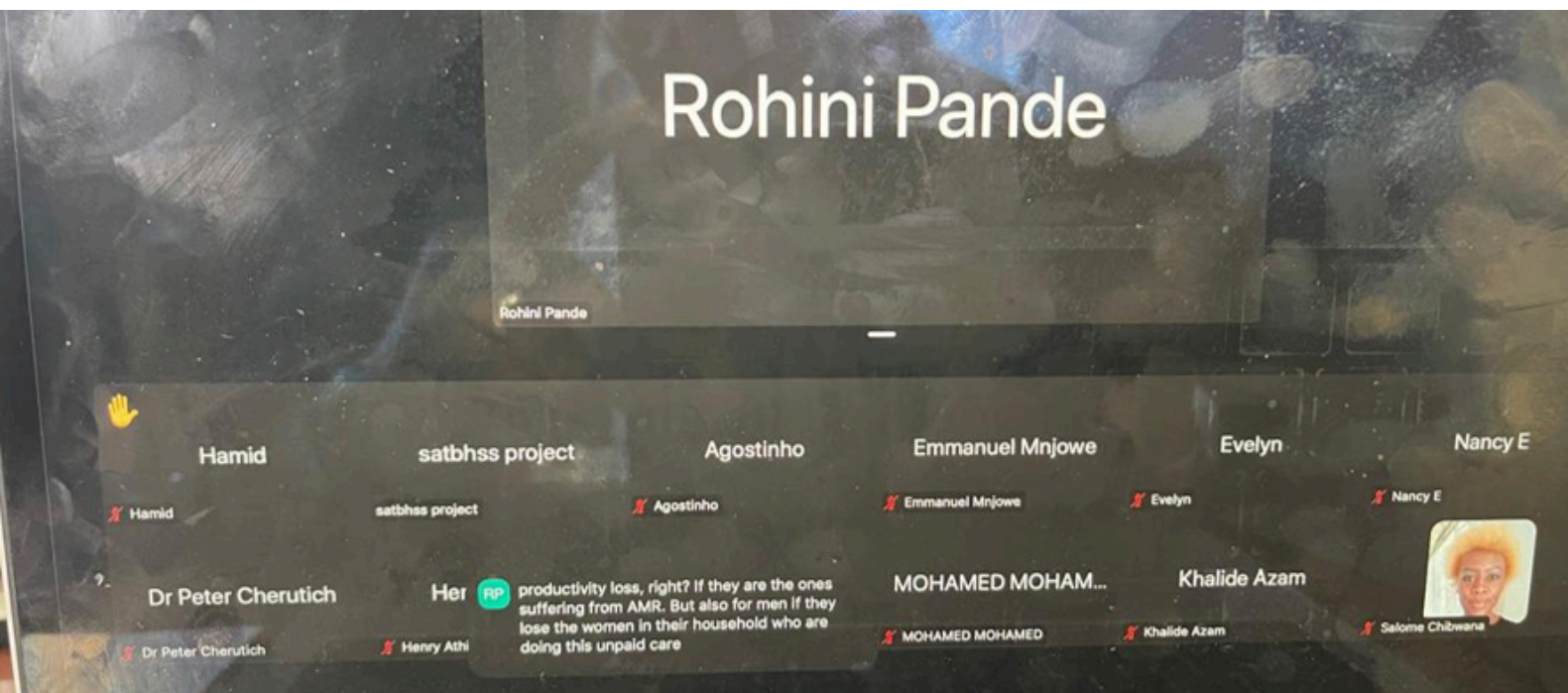
Key technical skills included interpreting JEE tools, delivering standardized communication, evaluating health system data, and presenting findings to high-level government stakeholders. Meanwhile, leadership components emphasized cultural sensitivity, gender inclusiveness, team collaboration, and consensus-building—critical skills for managing diverse evaluation teams.

Interactive, Skills-Based Learning

Delivered through a combination of lectures, expert panel discussions, case studies, brainstorming sessions, and role-play scenarios, the training provided a practical learning environment. Facilitators from WHO and ECSA-HC led participants through realistic simulations of JEE processes, reinforcing both procedural knowledge and soft skills required for effective coordination.

The training aligns with recommendations from the IHR Review Committee to move beyond self-assessments and incorporate peer review and independent external evaluations. By building a cadre of qualified JEE team leaders, the region is well-positioned to lead credible evaluations, strengthen preparedness systems, and improve compliance with IHR standards. As public health threats continue to evolve, such regional initiatives are vital in sustaining collective health security, reinforcing cross-border collaboration, and driving evidence-based investment in emergency preparedness.

Advancing Research Excellence: ECSA-HC Reviews Country Concept Notes Under the HEPRR-MPA Program



In a regional effort to strengthen evidence-based public health decision-making, the East, Central and Southern Africa Health Community (ECSA-HC), under the Health Emergency Preparedness, Response and Resilience Project (HEPRRP), conducted a virtual peer review of eight concept notes from five countries between 5–9 May 2025. This exercise marked the first phase of a two-part review process aimed at refining country-led operational research proposals for full implementation.

The reviewed submissions came from Ethiopia, Malawi, São Tomé and Príncipe, Burundi (three proposals), and ECSA-HC (two proposals). Each concept note was evaluated on scientific rigor, relevance, feasibility, and resource planning.

“The concept notes focused on priority health issues that reflect the unique challenges of each country. The review process offered a vital platform for constructive dialogue and improvement,” — Dr. Benedict Mushi, Lead Facilitator.

Building on Regional Research Priorities

The concept notes were developed following virtual consultative sessions and a previous Community of Practice (CoP) meeting held in Addis Ababa. Countries had been tasked with identifying their top research priorities under the Multiphase Programmatic Approach (MPA) framework.

Those that had not yet submitted their concept notes (DRC, Kenya, and Zambia) are being followed up to ensure their full participation.

To kick off the review, an overview presentation titled “Research Process, Study Designs and Road Map” was delivered, helping ground all participants in quality standards and expectations. This was followed by daily two-hour sessions where each proposing team

presented their concept note, received feedback from a panel of reviewers, and responded to key recommendations.

Themes and Topics Covered

The concept notes addressed a wide range of public health priorities such as:

- Cholera persistence and antimicrobial resistance in Burundi
- Rotavirus diversity in children under five
- TB genomic epidemiology in returnees to Ethiopia
- Climate and outbreak dynamics in Malawi
- Priority epidemic diseases in São Tomé and Príncipe
- Economic analysis of antimicrobial resistance across the ECSA region

Key Observations

While all proposals reflected strong commitment to addressing national health challenges, common gaps were identified, including:

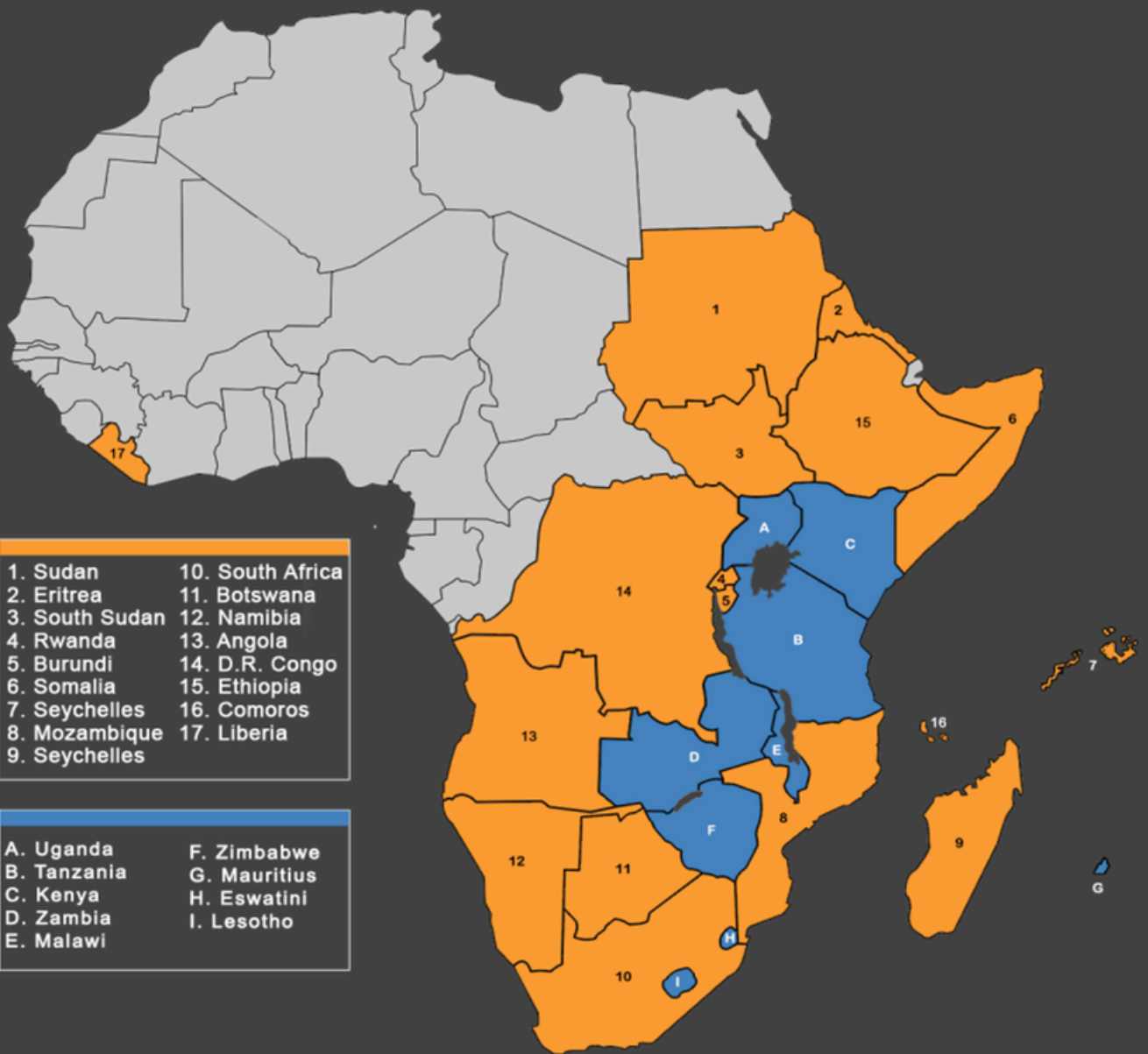
- Weak justification in methodological design and mismatched study components
- Lack of clearly defined research questions
- Inadequate budgeting and ethical considerations
- Limited literature review with insufficient citations

Despite these challenges, teams were highly receptive to feedback and demonstrated strong engagement during the review process. The collaborative format enabled immediate clarifications, fostering a shared learning environment.

“This exercise is not only about critique, but also about building stronger, implementable research proposals that will shape national health policy,” – Dr. Henry Kissinger, Technical Reviewer.

Way Forward

Feedback has been consolidated and shared with all participating teams via Google Docs and email. Countries have been encouraged to revise their submissions in preparation for the in-person review session.



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